

#### CITY AND COUNTY OF NEWCASTLE UPON TYNE

#### ANNUAL REPORT

OF THE

### MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1963

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#### HEALTH AND SOCIAL SERVICES COMMITTEE

(As at December, 1963).

#### Chairman:

ALDERMAN MRS. C. C. SCOTT, J.P.

#### Vice-Chairman:

ALDERMAN MRS. M. S. MURRAY

Ald. J. Chapman, M.B.E.

Ald. R. W. Hanlan.

Coun. B. Abrahams.

Coun. B. W. Abrahart.

Coun. A. Blenkinsop.

Coun. R. C. Brown.

Coun. Mrs. E. G. Chalk.

Coun. K. Cameron.

Coun. G. Cowan.

Coun. Mrs. A. A. Davison.

Coun. Mrs. V. H. Grantham.

Coun. R. S. Gray.

Coun. Mrs. C. M. Lewcock.

Coun. Mrs. I McCambridge, J.P.

Coun. J. Morpeth.

Coun. S. Peddie.

Coun. Mrs. M. Stephenson.

Coun. H. J. White.

Coun. Mrs. A. Wynne-Jones.

Representing the British Medical Association and the Local Medical Committee:

Dr. K. Kumar.

#### STAFF OF HEALTH AND SOCIAL SERVICES **DEPARTMENT**

(As at 31st December, 1963).

Medical and Dental Staff:

Medical Officer of Health and Principal School Medical Officer: R. C. M. PEARSON, M.D., F.R.C.P.(Ed.), D.P.H.

Deputy Medical Officer of Health:

G. HAMILTON WHALLEY, M.B., B.S., B.Hy., D.P.H., D.M.A.

Senior Medical Officer (Administration):

J. T. Jones, B.Sc., M.B., B.Ch., D.P.H.

Child Welfare Medical Officer:

Shirley M. Livingston, M.B., B.S.

16 General Practitioners attend Clinics on a sessional basis.

Senior Medical Officer (Geriatrics):

Joyce F. Grant, M.R.C.S., L.R.C.P. (Part Time).

Childhood Tuberculosis Medical Officer:

Mary D. Thompson, M.D., D.P.H. (Part Time).

Assistant Medical Officers of Health:

L. Burn, M.B., B.S.

A. H. Young, M.B., B.S.

Senior School Medical Officer (Education Committee):

H. S. K. Sainsbury, M.R.C.S., L.R.C.P.

Principal Dental Officer (in conjunction with Education Committee):

J. C. Brown, M.R.C.S., L.R.C.P., L.D.S.

1 Anaesthetist (sessional).

Consultant Psychiatrist (in conjunction with Regional Hospital Board):

Peter Morgan, B.Sc., M.B., B.S., D.P.M.

Chest Physicians (in conjunction with Regional Hospital Board):

J. R. Lauckner, M.B.(Ed.), M.R.C.P. (Ld.), F.R.F.P.S.

P. O. Leggatt, M.D., M.R.C.P.

E. A. Spriggs, D.M., M.R.C.P.

C. Verity, B.Sc., M.D., D.P.H.

Adviser in Obstetrics

(in conjunction with the Regional Hospital Board):

Linton M. Snaith, M.D., F.R.C.S., F.R.C.O.G.

#### Adviser in Paediatrics

(in conjunction with University Department of Child Health):

F. J. W. Miller, M.D., F.R.C.P., D.C.H.

Adviser in Mental Health

(in conjunction with Regional Hospital Board):

J. P. Child, B.M., M.R.C.P., D.P.M.

Nursing and Allied Staffs:

Chief Nursing Officer:

Miss F. E. Hunt, S.R.N., S.R.F.N., S.C.M., H.V. & P.H.N.A. Certs.

Deputy Chief Nursing Officer:

Miss A. Y. Sanderson, S.R.N., S.C.M., H.V. & H.V.T. Certs.

#### Health Visitor Tutor:

Miss L. Willoughby, D.N. (Leeds), S.R.N., R.F.N., Part I Midwifery, H.V. and H.V.T. Certs.

49 Health Visitors, 2 Assistant Nurses, 1 Orthopaedic Nurse, 7 Students, 10 Clerks, 2 Shorthand Typists.

Non-Medical Supervisor of Midwives:

Mrs. M. L. Marshall, S.R.N., S.C.M.

Assistant Supervisor, 39 Midwives, 12 Pupils, 2 Clerks.

#### District Nursing Superintendent:

Miss R. M. Lovett, R.G.N., S.C.M., Q.N., H.V. and D.N.T. Certs.

Assistant Superintendent, 46 District Nurses (8 Male, 38 Female), 8 Bath Orderlies, 1 Clerk.

Home Help Organiser:

Miss L. M. Roddam (left 9.6.63).

Assistant Organiser, 2 Area Organisers, 1 Visitor, 6 Clerks. 580 Home Helps (full and part-time).

Day Nurseries.

Superintendent Matron:

Mrs. J. Armstrong, S.R.N., S.C.M., (Part Time).

(Left 13th June, 1963).

3 Play Therapists (Part-time).

5 Nurseries with Matrons, Nurses, etc., 1 Clerk.

Welfare Foods Distribution Supervisor:

Miss D. C. Brown.

9 Assistants (5 part-time).

Other Staffs:

V 13 1

Vaccination and Immunisation—7 Clerks.

Invalid Equipment—1 Clerk.

Priority Dental Service—1 Clerk.

2 Dental Technicians (in conjunction with Education Committee).

Public Health Inspectors Staff:

Chief Public Health Inspector.

L. Mair, M.R.S.H., F.A.P.H.I.

Deputy Chief Public Health Inspector:

A. P. Robinson, M.R.S.H., M.A.P.H.I.

32 Inspectors, 2 Assistant Inspectors, 8 Pupil Inspectors, 9 Rodent Operators, 5 Smoke Investigators, 13 Clerks.

Social Services Staff:

Chief Welfare Officer:

H. CRAIG.

Principal Social Worker:

Miss O. Holliday, P.S.W. Cert.

Almonering Section.

Miss J. M. Reader, B.A., Social Case Worker.

Miss M. D. Clifford, A.M.I.A.

Mrs. M. Gibb, Cert. in Social Studies, Social Case Worker.

Mrs. P. Lentle, M.A., Diploma in Social Administration.

6 Clerks (2 part time).

Deputy Chief Welfare Officer:

Miss D. Haythornthwaite, H/T. Cert., H.H.O.C.

Welfare Officers 9.

Home Teachers for Blind 6 (1 student).

Eight Residential Homes each with Superintendents, Matrons and other staff.

Administrative Staff 3, Clerks 7.

Social and Occupational Centre.

1 General Assistant.

Mental Health Staff:

Senior Mental Welfare Officer:

T. E. J. R. Mather.

3 Mental Welfare Officers, 3 Trainee Mental Welfare Officers,

2 Mental Health Workers, 1 Clerk Typist, 1 Manager of Training Centres, 2 Training Centre Supervisors, 10 Assistant Supervisors.

3 Trainees.

Ambulance Staff:

Ambulance Officer:

H. M. Roberts.

Senior Superintendent, 18 Administrative, Supervisory and Clerical Staff, 103 Operative Staff (Drivers, Attendants, Maintenance Staff, etc.).

General Administration—Staff:

Principal Administrative Assistant:

E. A. Moore, M.R.S.H.

Deputy Principal Administrative Assistant:

D. H. Macpherson, Cert. R.S.H.

Finance Officer, 13 Clerks, 5 Typists.

To the Lord Mayor, Aldermen and Councillors of the Newcastle upon Tyne City Council.

My Lord Mayor, Ladies and Gentlemen,

It is my pleasure to present to you my eighth Annual Report, the ninety-first in the series of Annual Reports of the Medical Officer of Health of this City.

The Ten Year Plan.

The Ten Year Capital and Staffing programme for Local Health and Welfare Authorities throughout England and Wales was published by the Ministry of Health in the form of a Command Paper "Health and Welfare. The Development of Community Care" (Command 1973) in 1963. Generally speaking the proposals for Newcastle upon Tyne reveal that the services already provided for mental care are just about the national average but the staff to care for mothers and children, the handicapped and elderly in their own homes (especially the Home Helps) are above the average. There is, however, a definite shortage of beds in residential homes for the elderly. In five years, if the programme can be carried through, deficiencies on the average "level" will be made good, but there are two things to bear in mind, namely (1) the total expenditure on Health and Welfare Services together should be the guide; (2) there is some doubt whether the national averages give a true indication of need; this is something to which further research must This document is very useful and the exercise by which the details were formulated proved well worthwhile. Here is the guide, sights can now be set and Newcastle upon Tyne should be just that little bit ahead.

The experience and advice of the O. & M. Consultants was welcomed in preparation for the move to the Civic Centre in 1964. This was the opportunity to take stock and the Council naturally wished to be assured that money allocated to Health and Welfare was being spent as economically as possible and that the administrative services were both up to date and efficient. The need of each professional and technical service remained outside the scope of the Consultant's review.

On Capital Expenditure there is movement but availability of land has proved the delaying factor. There has been no hold up on loan sanction. Plans for the Central Ambulance Depot, and the Adult Training Centre have been drawn up, but although the Junior Training Centre plans are in an advanced stage there is a hold up due to difficulty of land access. Plans for two further

combined clinics at Ravenswood and Atkinson Road, both of which are Education projects were commenced. One residential home for fifteen elderly men was opened in a house purchased in a sound condition and needing little alteration. Alderman John Chapman, M.B.E. opened a purpose-built residential home for 40 persons and in giving it his name commemorated 50 years of devoted service to the cause of public health in Newcastle upon Both of these homes have brought a little nearer the closure of Elswick Grange but this still awaits the move by the Church Army Authorities to Ryton, when their accommodation in Newcastle upon Tyne will be taken over by the Department.

Launching multi-departmental projects in developing Community Centres inevitably means delay but the inclusion of residential homes and clinics in the hub of community life will in the end be worth waiting for. This is true at Bell Terrace, Shieldfield and Diana Street and to a less extent in Walker.

Even such a brief summary of one year's activities indicates the march of progress.

One of the most successful social experiments in recent years is Evictions. reported jointly on page 209. The devotion of members of the staff of both Departments and the interest taken by the wardens in the Hostel have given the evicted families a new start. Most of them have accepted the opportunity but several will need continuing support for many years. Some just need the feeling that "somebody cares", whether it be a Council Member or Officer matters little. They respond to the challenge, but not all of them, of course. fail is only human. Likely failures can be watched, however, and one unexpected success makes many hours of endeavour all very much worthwhile.

At a time when the schemes for the implementation of Section I Problem Families. of the Children and Young Persons Act, 1963 are being considered, the continuing interest taken in and care given to the families in the City in greatest difficulty by the staff of the Statutory and Voluntary Organisations represented on the Children's Co-ordinating Committee should not be forgotten. The report on page 53 (like its predecessors) is not a tale of brilliant success, it is one of solid achievement. The unobtrusive but devoted work of the Home Advisers is recorded on page 39.

Developments in Health Education are always interesting. Given the right staff appointments (and not all of us are suited for

Health

Education.

class teaching) Head Teachers are beginning to welcome nursing staff to take part in the school curriculum. Raising the school leaving age presents a challenge and here is the opportunity, if the Health and Social Services Department's staff are sufficiently trained to accept it.

Smokers' Advisory Clinic.

The Atmosphere.

Dr. E. G. W. Hoffstaedt conducted the Smokers' Experimental Advisory Clinic from January to November and a report on the very considerable progress made was prepared for the Council's decision on its ultimate place in the Health Services (see Appendix VI, page 224.)

On some days it is easy to see the smoke contamination of the air Newcastle citizens and workers breathe. On clear days it is easy to be complacent. The other impurities are unseen, but in combination with smoke are just as deadly. There is one measurement which cannot be denied, the number of Citizens who cough their way out of each succeeding winter and, in the death returns, those who don't. The changing National policy which resulted in the decision that future supplies of soft coke would only meet the requirements of the already established Smoke Control Areas came as a severe blow to a Council determined to clean its atmosphere before 1970. A series of discussions at the highest level took place but the year came to a close in an atmosphere near to despondency. And yet the many victims of respiratory disease in the 1970's and 1980's and even later, do not seem in the least concerned today. To safeguard their health the Council fights on—for clean air—and looks to its neighbours to do likewise.

Water Supplies.

There are some who conscientiously believe that fluoridation of water supplies is not in the common interest. On the other hand the Ministry of Health recommends Councils to provide this service as a sound and safe method of the prevention of dental caries. The Ministry is supported by the medical and dental professions. Careful consideration was given to this matter by the Health and Social Services Committee on more than one occasion in 1963 but the matter was still under consideration at the end of the year.

Food Poisoning.

The ease with which small outbreaks of food poisoning occur leaves no room for complacency. It is easy to devote time and money to personal health services and forget the dangers of the past which now through the medium of communal feeding (rather than defects in the water and milk supplies) still lurk just around the corner. Despite regular warnings, caterers still cook without adequate cold storage facilities, then serve the food (after perhaps a warm-up) the next day. This is a practice which cannot be too strongly condemned.

Attention is drawn by Mr. L. Mair, Chief Public Health Inspector, Meat Inspection. to the requirements of 100% meat inspection and the difficulties experienced in carrying this out in the prevailing conditions. fact that this can be done at all is perhaps not unexpected in a Department that with the full support of its Committee can achieve almost anything it sets out to do. It does merit the appreciation of the community for the Inspectors who have safeguarded their health at almost all hours of the day and night and at weekends too. No-one looks forward more hopefully than they to the new Abattoir.

Comments of a statistical character indicate "little change". Epidemiology and Statistics. Vaccination numbers are down due to a policy change in the most appropriate time to vaccinate infants. The fear of poliomyelitis and diphtheria soon disappears but whooping cough is still a killer; the others can be. Complacency is terribly difficult to overcome and requires the continual personal approach to all mothers—obviously an ever-changing group.

Stillbirths rose, so did the number of illegitimate births and the infant mortality rate. The fall in both the incidence and mortality from tuberculosis continued. More deaths on the road but fewer street accidents present a melancholy picture.

The trend of tuberculous infection in the East End of the City is clearly shown in Dr. Verity's report. The danger of new chronic infective cases which still come to light and the presence in the community of a few patients with resistent organisms is still a warning to all; the children must be protected before leaving school and the unremitting search for infected child cases must continue wherever it seems most likely to reveal them.

The emphasis changes. Studies in the community started with Surveys. a flourish become part of the accepted routine work of the Department, but the value of other procedures must be continuously Such a study carried out by Dr. Livingston into the scope and findings following Birthday Examinations in Child Welfare Clinics resulted in a sound appreciation of the medical work involved balanced against the additional defects found.

An invitation will be extended to at least two Organisations each Voluntary Services. year to contribute a brief summary of their work so that the partnership which exists between many of the Voluntary Services and the Health and Social Services in the City may be more clearly understood and known to the general public. This year the Women's Voluntary Service and the British Red Cross Society came out of

the random sample and their contributions are included with gratitude for the work their Members do. (See Appendix V, page 220).

Unhappily it is not possible to report any real progress following discussions between the Representatives of the Health and Social Services Committee and the Newcastle upon Tyne Council of Social Service. The known gaps in the Services have closed a little in the spheres of chiropody and by the establishment of a central case filing system for elderly persons, who are known within the Department. Discussions continue.

The Elderly.

The establishment of Luncheon Clubs followed naturally on the great expansion of the 'Meals on Wheels' Service. There are still a few areas of the City where these admirable Clubs which provide not only a good mid-day meal but friendship as well could be set up. This provision should leave only the housebound to be served by the "Meals on Wheels" Service. Those who organise and staff these Clubs render a very valuable service to the elderly.

Mental Welfare.

'Summerhill'—an adventure into the largely unexplored field of hostel care for the ex-psychiatric patient has had a number of well merited successes, due to the interest and careful thought given to the patients' welfare and progress by Dr. Peter Morgan and the staff of the Mental Welfare Service. Every credit must be given to the resident staff of the hostel, all of them. Therein lies the secret of hostel care.

Co-operation.

Many references have been made to the essential feature of co-operation in the National Health Service. 'Co-operation cards' to be used by General Practitioner Obstetricians and the Midwives were introduced but achieved only limited success. Further perseverance is required. Probably a more practical way of achieving unity of purpose is to create a team with the General Practitioner group providing the leadership. To provide such a nursing and social worker team is administratively difficult but not impossible. With increased staff mobility the process has begun and could develop quite quickly with the increasing tempo of general practice grouping.

In the past the incidence of chronic sickness amongst the older age groups has been stressed. The rising number of visits per medical case undertaken by District Nurses emphasises this point and indicates where further provision will be required if the patients are to continue to live at home.

The scheme for Warden supervision of the elderly at home and particularly the housebound persons who live in two groups of Corporation bungalows has fulfilled expectations and in one way or another merits expansion.

The early beginnings of the comprehensive medical service for Medical Services. Corporation staff are reported on page 215 and plans have been made for further development as the Departments move to the Civic Centre.

The opportunity arose to appoint a Senior Medical Officer to Staff. co-ordinate work amongst the elderly and handicapped persons where medical advice on needs etc. would be helpful. Dr. Joyce Grant commenced her task by initiating a survey with periodic reviews of progress. The pattern provided a service which being closely linked with the hospital and general practitioner services is likely to be copied elsewhere. In another year the way ahead will be more clearly seen. As part of the fusion plans Miss O. S. Holliday was promoted to Principal Social Worker with co-ordinating responsibilities. The most essential of all her duties will be to build up in-service training amongst social workers, prepare trainees for Younghusband courses, tutor pupils taking courses, and to plan the overall training of social workers in the Department for the next fifteen years in the light of present staff and future trainees, who will fill vacancies arising on the retirement of senior staff. It is never an easy decision to accept staff shortages, expecting trained staff to return some time ahead. The strain on the remaining staff is undoubted but they have willingly accepted it. Some day this foresight will reap dividends, in fact the stimulating atmosphere of a "training department" is already evident.

Following the annual review of staff, the need for additional appointments in the field of mental health (training centres), health visiting (group advisers), elderly and handicapped persons (occupation centre) and home helps etc. was accepted and the establishment increased accordingly. Most of the appointments will be made during 1964 when suitably trained staff can be found.

It is hoped that the review of the staffing structure of the Chief Public Health Inspector's Section will provide the incentive to Inspectors trained in the City to gain experience and promotion on the staff before seeking appointments elsewhere. The continuing danger of large scale outbreaks of food poisoning of one type or another as well as additional responsibilities due to new legislation make it imperative that this Section of the Department is fully staffed as it provides, with the medical staff, the City's defence mechanism against infection and has to be constantly on the alert.

Two members of the staff who have given years of devoted service retired during the year. Mrs. J. Armstrong, Day Nursery Supervisor joined the staff in 1942 and Miss L. M. Roddham, Home Help Organiser, in 1955. We wish them long years of happy retirement.

Appreciation.

Even reading right through an Annual Report one can easily forget it is a record of human endeavour on behalf of the less well-endowed, less knowledgeable or less fortunate human beings. Machines play a very minor role in success or failure but surroundings do. Let us not forget the staff that go to make the health team, the many different walks of life from which they come, the widely different training they have received, but yet they all have the same objective and that helps very considerably to weld them into a team. The citizens of Newcastle upon Tyne should be very grateful to all of them (and it has only been possible to mention a few in this Report); I am.

Such a team needs and received from its Chairman and Committee continuing support. Here it does not look in vain.

I am,

My Lord Mayor, Ladies and Gentlemen, Your obedient Servant,

Remearen

Medical Officer of Health.

Health and Social Services Department, Civic Centre, Barras Bridge, Newcastle upon Tyne, 1. June, 1964.

#### CITY AND COUNTY OF NEWCASTLE UPON TYNE

#### I-GENERAL

MORTALITY TABLES,
SOCIAL CONDITIONS, CLIMATOLOGY,
WATER SUPPLY, CREMATION, etc.



#### VITAL STATISTICS.

(Set out in the ord	er laid down in Ministry	of Health Circular 1/64).
---------------------	--------------------------	---------------------------

Live Births ... ... 4,700.

Live Birth Rate (Crude) ... 17.85 per 1,000 population.

Live Birth Rate (Corrected) ... 17.85 per 1,000 population.

Illegitimate Live Births per cent of total Live Births ... 8.5

Stillbirths ... ... 111

Stillbirth Rate ... ... 23.07 per 1,000 live and stillbirths.

Total Live and Stillbirths ... 4,811

Infant Deaths ... ... 105

Infant Mortality Rate—

Total ... ... 22.34 per 1,000 total live births.

Legitimate only ... ... 21.86 per 1,000 legitimate live births.

Illegitimate only ... 27.50 per 1,000 illegitimate live births.

Neonatal Mortality Rate ... 17.02 per 1,000 total live births.

Early Neonatal Mortality Rate ... 14.68 per 1,000 total live births.

Perinatal Mortality Rate ... 37.41 per 1,000 total live and stillbirths.

Maternal Deaths (including abortion) Nil.

Maternal Mortality Rate ... 0.000 per 1,000 live and stillbirths.

#### OTHER STATISTICS.

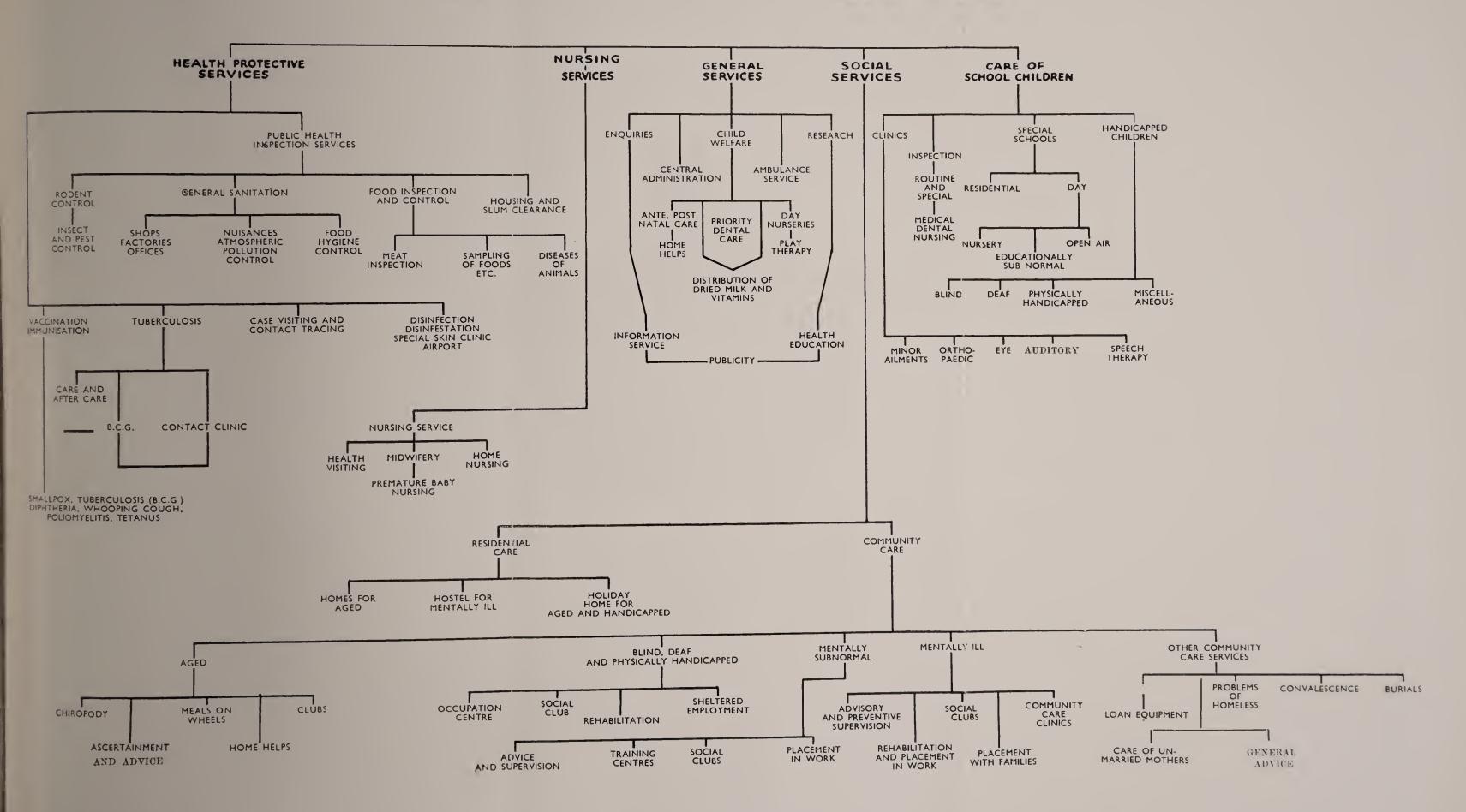
Population ... 263,360. ... 11,401 acres. Area Deaths ... ... 3,413. Death Rate (Crude) ... 12.96 per 1,000 population. Death Rate (Corrected) ... 14.38 ,, ,, Tuberculosis Death Rates— All Forms... ... 0.049 per 1,000 population. Pulmonary ... 0.034 Non-Pulmonary ... 0.015 • • • Cancer Death Rates— ... 2.61 per 1,000 population. All Forms... ... Lung and Bronchus ... 0.80 Other Sites ... 1.81 . . . Marriage Rate ... 15.08 per 1,000 population. Inhabited Houses ... 88,151. Rateable Value ... £11,911,280.

. . .

Product of 1d. Rate

... £48,693 11s. 5d. (estimated).

# HEALTH AND SOCIAL SERVICES PROVIDED FOR THE CITIZENS OF NEWCASTLE UPON TYNE BY THE CITY COUNCIL





#### GENERAL STATISTICS.

#### Population.

The population, as estimated by the Registrar General, was 263,360, a decrease of 3,730 since 1962.

#### Births.

There were 4,700 live births recorded, representing a crude birth rate of 17.85 per 1,000 population, exactly the same as for 1962. The City birth rate is lower than that for England and Wales.—18.2.

In addition there were 111 stillbirths, representing a rate of 23.07, higher than the 1962 rate of 20.75.

	LIVE B	IRTHS.	STILL BIRTHS.					
Sex.	Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.		
Male Female	2,227 2,073	183 217	2,410 2,290	56 52	1 2	57 54		
Totals	4,300	400	4,700	108	3	111		

#### Deaths.

The net deaths amounted to 3,413 equivalent to a crude rate of 12.96 per 1,000 population, as compared with a rate of 12.47 for 1962. The death rate for England and Wales for 1963 was 12.2.

#### Infantile Mortality.

105 infants died before completing the first year of life, representing a rate of 22.34 per 1,000 live births; this was one less death than last year when the rate was 22.24. The England and Wales rate for 1963 was 20.9.

Of the 105 infant deaths, 80 occurred before attaining the age of one month, making a neo-natal mortality rate of 17.02 as compared with the England and Wales rate of 14.2.

#### Maternal Mortality.

No maternal deaths occurred during the year; there were two in 1962 giving a maternal mortality rate of 0.411 per 1,000 live and stillbirths. The England and Wales maternal mortality rate for 1963 was 0.28 per 1,000 live and still births.

#### Tuberculosis.

Only thirteen persons died from various forms of tuberculosis during the year, nine being pulmonary and four non-pulmonary, giving death rates of 0.034 and 0.015 respectively, a total of 0.049 for all forms. The provisional national rate for all forms of tuberculosis is 0.063 per 1,000 population.

#### Marriages.

1,986 marriages took place during the year, representing a marriage rate of 15.08 per 1,000 population, compared with 15.18 in 1962.

#### Street Accidents.

During the year 2,566 street accidents occurred, a decrease of 208 as compared with 1962, and as a result, 1,285 persons were injured, and 38 died. The total included 251 accidents to children under 15 years of age, six of which were fatal.

	Under	5 years.	5-9	yrs.	10-1:	5 yrs.	То	tal.
	1962	1963	1962	1963	1962	1963	1962	1963
Killed Injured		4 56	129	1 128	76	61	2 295	6 245

#### Cremation.

During 1963, there were 3,553 cremations carried out in the City, 23 more than last year. Of the cremations performed, 1,590 were in respect of Newcastle residents, this figure being 45% of the total cremations as compared with 44% in 1962.

The percentage of city residents who died in 1963 and were cremated was 47%.

The Medical Referee required 19 post-mortem examinations as compared with 28 in 1962, largely because of the time elapsing between death and the deceased being last seen by the doctor. Copies of the findings were sent to the doctors concerned. It was not found necessary to refuse authorisation of any cremation.

## NORTH EAST REGIONAL AIRPORT—HEALTH CONTROL.

The companies using the North East Regional Airport, Woolsington were busier than in the previous year, and the volume of traffic to and from the Continent almost doubled. There were 419 landings from the Continent, 179 more than in 1962, and of those passengers landing, 2,152 were aliens.

Health Department staff attended to carry out the duties imposed by the Public Health (Aircraft) Regulations 1952-54, the Aliens Order 1953, and the Commonwealth Immigrants Act, 1962.

#### NATURAL AND SOCIAL CONDITIONS.

#### Geology.

The geological formation of the area consists of heavy clay on the top of hard sandstone, which overlies coal seams.

#### Climatology.

The weather during 1963 was similar to that during the previous year. Hours of sunshine in the City averaged three per month less: the rainfall was 0.59 inches more than in 1962. July was the warmest month, January and December the coldest.

The following table includes the sunshine records taken at King's College (Newcastle), Cockle Park (Morpeth), Hexham and Gateshead; sites and altitudes of the gauges make comparisons inequitable to some extent, but they serve to demonstrate the effect of the smoke haze which cuts off much of the City's sunshine, noticeably at the beginning and end of the year when the use of coal fires is at its maximum.

#### METEOROLOGICAL RECORDS, 1963.

		Sunshine	House		RAINFALI	and Tempe	RATURES.
Month.		DUNDHINE	HOURS.	ı	I	LEAZES PARK.	
IVIOIIIII.	King's College.	Hexham.	Cockle Park.	Gates- head.	Rainfall (inches).	Mean Max. Temp. °F.	Mean Min. Temp. °F.
January February March April May June July August September October November December	35·3 42·6 81·7 71·0 113·8 114·0 88·0 75·8 137·6 84·4 34·3 30·4	40·25 65·50 102·75 108·50 183·15 120·45 124·00 95·75 167·75 109·75 28·50 24·75	54·5 58·3 94·2 123·2 192·9 138·4 130·8 92·1 157·5 107·6 39·4 40·5	32·0 51·6 126·4 121·3 161·5 145·9 145·7 93·5 162·6 93·3 38·4 36·8	2·57 2·92 1·41 1·71 1·06 3·77 1·36 5·75 1·50 1·26 5·28 0·96	35·19 39·96 47·74 53·90 60·90 67·63 69·03 64·45 62·39 57·16 47·06 32·24	28·86 26·39 35·32 39·00 43·96 51·06 53·13 51·55 44·43 41·74 40·01 33·36
Totals	908.9	1171·10	1229·4	1209.0	29.55		
Averages	75.7	97.59	102·4	1007.5	2.46	53·14	40.73
1962 Averages	78.4	97.0	116.5	111.7	1.87	54.06	39.82

#### Water Supply.

Details relating to the City's water supply are shown in the Chief Public Health Inspector's section of this report (see page 159).

#### Sewerage.

There are 462.58 miles of sewers in the City, discharging directly into the River Tyne at various points along the  $8\frac{1}{2}$  miles of river frontage.

The Technical Sub-Committee as to Tyneside Sewage Disposal is still making investigations and collecting data; a report will be published in due course.

#### Cleansing and Scavenging.

A weekly collection of refuse is made from all domestic premises, and twice weekly from certain business premises.

#### Social Conditions.

The number of registered male and female unemployed at the beginning and end of the year is shown in the following table supplied by the Ministry of Labour and National Service.

			1	
Date.	Males.	Females.	Total.	
14th January, 1963	6,900 5,080	1,597 2,142	8,497 7,222	

#### Inhabited Houses.

There were 88,151 inhabited houses which, on the estimated population, showed an average of 3.0 persons per dwelling.

#### Rateable Value.

A penny rate produced £48,693 11s. 5d., the gross rateable value being £11,911,280 compared with £5,171,407 in 1962.

#### Vital Statistics of Whole City during 1963, and previous years.

		Lı	VE BIRTI	is.	TOTAL DEATHS REGIST- ERED IN THE	Transf Dea		NET		BELONGI:	NG TO
YEAR.	Population estimated to Middle		Ne	et.	CITY.	of Non- resi-	of Resi- dents	Under of A		At all	Ages.
	of each Year.	Uncor- rected Number	Number	Rate.	Number	the	not registered in the City	Number	Rate per 1,000 Nett	Number	Rate.
1	2	3	4	5	6	City 7	8	9	Births.	11	12
1920	286,061	8,433	8,070	28.0	4,609	779	195	817	101	4,025	14.0
1921	278,400	7,720	7,284	26.2	4,602	817	142	699	96	3,927	14.1
1922	281,600	7,432	6,987	24.8	4,698	831	145	646	92	4,012	14.2
1923	283,800	6,961	6,367	22.4	4,298	789	150	623	98	3,659	12.9
1924	285,900	7,029	6,335	22.2	4,607	929	172	632	100	3,850	13.5
1925	286,300	7,031	6,215	21.6	4,732	989	165	550	88	3,908	13.6
1926	284,700	6,728	6,007	21.0	4,460	979	161	530	88	3,642	12.8
1927	288,500	6,215	5,395	18.7	4,468	1,058	178	474	88	$\begin{bmatrix} 3,588 \\ 2,684 \end{bmatrix}$	12.4
1928	281,500	6,360	5.429	19.2*		1,178	179	447	82	3,684	13.1
$\begin{array}{c} 1929 \\ 1930 \end{array}$	283,400 283,400	6,120	5,126	18.1	5,040	1,313	172	438	85	3,899	$\begin{array}{c c} 13.8 \\ 12.6 \end{array}$
1931	283,600	6,190 6,058	5,223 5,056	$\begin{array}{c} 18.4 \\ 17.8 \end{array}$	$4,665 \\ 4,911$	1,232 $1,251$	$\begin{array}{c} 133 \\ 145 \end{array}$	$\begin{array}{c c} 384 \\ 467 \end{array}$	$74\\92$	$\begin{vmatrix} 3,566 \\ 3,805 \end{vmatrix}$	13.4
$\begin{array}{c} 1931 \\ 1932 \end{array}$	$\begin{bmatrix} 255,000 \\ 285,100 \end{bmatrix}$	6,006	4,883	17.1	4,571 $4,579$	1,231 $1,174$	134	370	$\frac{32}{76}$	3,539	12.4
1933	286,500	5,770	4,712	16.4	4,695	1,182	127	359	<b>7</b> 6	3,640	12.7
1934	287,050	5,848	4,695	16.4	4,823	1,322	145	389	83	3,646	12.7
1935	292,700†		4,666	16.0	5,040	1,489	121	400	86	3,672	12.6
1936	290,400	5,709	4,537	15.6	5,148	1,421	151	408	90	3,878	13.1
1937	290,400	5,996	4,796	16.5	5,107	1,403	160	435	91	3,864	13.3
1938	291,300	6,101	4,678	16.1	4,866	1,413	168	307	66	3,621	12.4
1939	293,400	5,855	4,646	15.8	4,804	1,328	185	289	62	3,661	12.9‡
1940	255,900	5,501	4,519	17.6	4,727	1,181	187	284	64	3,733	14.6
1941	254,960	4,599	4,176	16.4	4,905	1,208	254	315	76	3,951	15.5§
1942	254,100	4,686	4,289	16.9	4,398	1,140	222	255	59	3,480	13.78
1943	254,890	5,162	4,548	17.8	4,759	1,235	185	291	64	3,709	14.6§
1944	262,920	6,799	5,359	20.4	4,585	1,298	221	270	<b>5</b> 0	3,508	13.3 §
1945	265,990	5,950	4,836	18.2	4,469	1,234	200	192	40	3,435	13.0 §
1946	283,740	8,219	6,079	21.4	4,569	1,242	188	249	41	3,515	12.4
1947	290,470	8,512	6,449	22.2	4,726	1,190	211	286	44	3,747	12.9
1948	293,600	7,414	5,705	19.4	4,504	1,215	186	$\begin{bmatrix} 217 \\ 219 \end{bmatrix}$	38	3,475	11.8
1949	294,540	6,916	5,377	18.3	4,740	1,215	232	$\frac{213}{170}$	39	3,757	12.7
1950	294,800	6,473	5,051	17.1	4,720	1,110	315	170	34	3,925	13.3
1951	291,700	6,053	4,803	16.5	4,535	976	$\begin{array}{c} 341 \\ 227 \end{array}$	166	$\frac{34}{20}$	$\begin{bmatrix} 3,900 \\ 2,424 \end{bmatrix}$	13.4
$\begin{array}{c} 1952 \\ 1953 \end{array}$	$\begin{bmatrix} 289,800 \\ 289,700 \end{bmatrix}$	5,982 6,313	4,792	16.5	4,099 4,040	1,012	$\frac{337}{127}$	140	$\frac{29}{27}$	3,424	11.8
1953	286,500	5,984	4,922 4,852	$\begin{array}{c} 17.1 \\ 16.9 \end{array}$	4,040	1,018 1,041	$\begin{array}{c c} 137 \\ 196 \end{array}$	$\begin{bmatrix} 132 \\ 124 \end{bmatrix}$	$\begin{array}{c} 27 \\ 25 \end{array}$	$\begin{vmatrix} 3,159\\3,231 \end{vmatrix}$	$\begin{array}{c c} 10.9 \\ 11.3 \end{array}$
$\begin{array}{c} 1954 \\ 1955 \end{array}$	281,000	5,984 $5,910$	$\begin{vmatrix} 4,852 \\ 4,705 \end{vmatrix}$	16.9 $16.7$	4,070 $4,285$	1,041 $1,053$	$\begin{array}{c} 190 \\ 245 \end{array}$	158	$\frac{25}{33}$	$\begin{bmatrix} 3,231\\3,477\end{bmatrix}$	12.4
1956	$\begin{vmatrix} 231,000 \\ 277,100 \end{vmatrix}$	6,256	$\begin{bmatrix} 4,703 \\ 4,913 \end{bmatrix}$	17.7	4,068	1,056	$\begin{array}{c} 243 \\ 267 \end{array}$	$\frac{138}{121}$	$\frac{33}{25}$	$\begin{vmatrix} 3,477\\3,279 \end{vmatrix}$	11.8
$\frac{1950}{1957}$	275,100	6,506	$\frac{4,913}{4,998}$	18.2	$\frac{4,008}{4,299}$	1,036 $1,186$	281	116	$\frac{23}{23}$	$\begin{vmatrix} 3,279\\3,394 \end{vmatrix}$	12.3
1958	272,400	6,778	5,069	18.6	4,221	1,115	$\frac{201}{302}$	$\frac{110}{126}$	$\frac{25}{25}$	3,408	12.5
1959	271,100	6,601	5,201	19.2	4.228	1,256	304	139	$\frac{20}{27}$	$\begin{vmatrix} 3,103 \\ 3,276 \end{vmatrix}$	$12 \cdot 1$
1960	268,970	6,409	$\begin{bmatrix} 5,261 \\ 5,029 \end{bmatrix}$	18.7	4,365	1,258	297	134	$\frac{2}{27}$	3,403	12.7
1961	267,230	6,152	4,840	18.1	4,236	1,236	281	118	$\frac{1}{24}$	3,281	12.3
1962	267,090	6,102	4,767	17.8	4,349	1,377	259	106	$\frac{1}{2}$	3,330	12.5
1963	263,360	5,987	4,700	17.8	4,406	1,329	253	105	22	3,413	13.0

<sup>\*</sup> Calculated on a population of 282,200.

<sup>§</sup> Civilians only

<sup>†</sup> Rates calculated on a population of 291,025.

<sup>‡</sup> Death-rate calculated on a population of 283,200.

#### CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE FOR 1963.

(REGISTRAR GENERAL'S RETURN).

								AGE	IN Y	EARS.			
Causes of Death	Sex.	All ages.	under four weeks	Four weeks and under 1 year.	1-	5-	15-	25-	35-	45-	55-	65-	75 and over
1—Tuberculosis, respiratory	M. F.	8	• • •	• • •	•••	•••	•••	•••	1	2	3	2	• • •
2—Tuberculosis, other forms	M. F.	2 2		•••	•••	•••		1	•••	2	•••	• • •	•••
3—Syphilitic disease	M. F.	7	• • •	• • •	•••	•••	•••	•••	• • •	•••	3	1	3
4—Diphtheria	M. F.	•••	• • •	•••	• • •	• • •	•••	•••	* * *	***	•••	•••	•••
5—Whooping cough	M. F.	• • •	•••		• • •	• • •	•••		•••			• • •	•••
6—Meningococcal infections	M. F.	1			1	• • •	•••	***	•••			•••	•••
7—Acute poliomyelitis	M. F.	•••	•••		•••	•••	•••	•••			• • •	• • •	• • •
8—Measles	M. F.	• • •	• • •		•••	***	•••	•••	•••	•••		•••	• • •
9—Other infective and parasitic	M. F.	5 3	•••	•••	2	•••	***		1 1	1	•••	1 1	1
10—Malignant neoplasm, Stomach	M. F.	50 36							4	3	15 10	16 10	12 15
11—Malignant neoplasm, lung, bronchus	M. F.	183	•••	• • •		* * *		•••	7	32 2	63	64 8	17
12—Malignant neoplasm, breast	M. F.	48			•••		•••	• • •	2	9	18	9	10
13—Malignant neoplasm, uterus	F.	27	•••	•••	• • •		•••	1	4	4	7	6	5
14—Other malig- nant and lymphatic neoplasms	M. F.	170 138		1	•••	2		3	7 7	15 6	46 37	50 35	46 53
15—Leukaemia, aleukaemia	M. F.	6 3		•••	1		• • •	•••	•••	1	2	2	
16—Diabetes	M. F.	10 14			•••				1	1	3 2	2. 4	3 8

#### Causes of Death at different periods of life for 1963—continued.

				Four				AGI	e in Y	EARS	•		
Causes of Death	Sex.	All ages.	Under four weeks		1-	5-	15-	25-	35-	45-	55-	65-	75 and over
17—Vascular lesions of nervous system	M. F.	210 262			•••	•••	•••	1	3 5	10 7	32 23	58 70	107 156
18—Coronary disease, angina	M. F.	437 267	•••	• • •	•••		•••	1	7 2	58 10	130 26	131 92	110 137
19—Hypertension with heart disease	M. F.	25 45	***	•••	•••		•••			***	2 2	12 18	11 25
20—Other heart	M. F.	115 172	***	• • •	•••	•••	•••	2	2 2	6 9	22 17	24 30	59 114
21—Other circulatory disease	M. F.	79 109	•••	• • •	•••	•••	•••	1	1 1	6	11 7	18 29	42 68
22—Influenza	M. F.	4 7	•••	•••	•••	• • •	•••	• • •	• • •		3	1	1 5
23—Pneumonia	M. F.	85 76	1 2	5 5	1 1	1	1		1 1	3	10 7	23 19	39 40
24—Bronchitis	M. F.	172 83	•••	1	•••	•••	•••	***	3 5	8 6	48 11	69 17	44 43
25—Other diseases of respiratory system	M. F.	9		• • •	•••	•••	1	•••	1	1 1	1	3 2	2 6
26—Ulcer of stomach and duodenum	M. F.	15 5	•••			•••	• • •	•••	2	3	2	3	5 2
27—Gastritis, enteritis and diarrhoea	M. F.	8 8	1	1	3	•••	•••	• • •	•••	• • •	1	1 2	2 4
28—Nephritis and nephrosis	M. F.	10 16	•••	•••	1		•••	1		2	4	1 4	5 7
29—Hyperplasia of prostate	М.	9	•••	•••	• • •	•••	•••	• • •	•••	•••	•••	3	6
30—Pregnancy, childbirth, abortion	F.	•••		• • •	•••	•••.	•••	•••	• • •	•••		• • •	
31—Congenital malformations	M. F.	11 14	4 6	2 3	1	•••	1	1		 1	•••	2	5-

29

#### Causes of Death at different periods of life for 1963—continued.

				T				AGI	E IN Y	EARS	S.		
Causes of Death	Sex.	All ages.	four	Four weeks and under 1 year.	1-	5-	15-	25-	35-	45-	55-	65-	75 and over
32—Other defined and ill-defined diseases	M. F.	111 130	35 29		3 2	1 2	1 2	1 2	6 3	3 9	11 17	19	31 48
33—Motor vehicle accidents	M. F.	28 16	• • •		4	1 1	3	3 2	4 2	6 2	2	6	3
34—All other accidents	M. F.	40 42	2	2 4	1 1	1 1	3	5	4	2 2	4 4	5 5	11 22
35—Suicide	M. F.	17 20	• • •		•••		1	1 2	1 2	1 6	10	3 4	1 2
36—Homicide and operations of war	M. F.	3 1					•••	2	1	•••	•••		•••
All causes	M. F.	1830 1583	42 38	11 14	18 4	6 4	10 5	20 11	57 40	169 86	424 210	513 392	560 779

Total deaths during recent years from certain classes of disease.

	Nervous System.	Circu- latory.	Respiratory.	Digestive.	Violent Causes.
1933	237	1,003	362	213	151
1934	266	935	405	215	134
1935	243	1,107	391	223	130
1936	276	1,283	408	266	154
1937	231	1,316	470	207	139
1938	233	1,216	388	205	157
$1939\dots$	289	1,278	307	171	189
1940	420	1,115	405	154	211
1941	496	972	530	157	302
$1942\ldots$	474	847	444	130	177
1943	475	915	572	138	150
1944	446	987	418	136	128
1945	476	994	416	115	208
1946	511	<b>996</b>	461	105	106
1947	544	983	505	139	151
1948	500	990	398	153	123
1949	538	1,131	549	146	127
1950	502	1,285	507	110	135
1951	553	1,356	531	115	141
1952	489	1,221	376	93	125
$1953\ldots$	452	1,079	351	94	99
1954	526	1,106	367	101	140
1955	530	1,266	375	79	141
1956	485	1,216	365	72	156
1957	528	1,254	365	69	153
1958	499	1,249	415	54	142
1959	534	1.125	404	73	132
1960	547	1,190	438	82	107
1961	543	1,180	367	66	140
1962	506	1,215	378	74	149
1963	472	1,249	446	62	167

AND DEATHS FROM CANCER OF RESPIRATORY ORGANS SHOWING AGE AND SEX DISTRIBUTION. CANCER DEATHS AND DEATH RATES FROM 1939

	Total			∞	11	9	16	17	0	23	17	19	17	22	17	18	21	14	16	19	16	18	27	22	26	22	25	27
RESPIRATORY ORGANS ONLY	Females.	Over	65	5	4	4	9	7	4	9	20	6	6	13	_	∞	10	4	11	20	9	50	11	∞	18	∞	13	15
			45-65	67	9	∾ ∾	_	<u></u>	4		12		_	6	10	∞	10	7	4	14	∞	12	13	13	_	14	6	11
		1	25-45	1	7	•	7	က	-	63	•	•	_		•	23	_	က	_	•	87	П	က	_	_	•	က	1
		Under	25	•	•	•	-	•	•	•	•	•	•	•	•	•	•	•	•	•	•	:	•	•	•	•	•	:
	Total			33	48	34	20	58	52	46	62	89	80	71	95	85	93	66	108	132	111	126	142	139	170	153	180	183
	Males.	Over	65	6	9	9	12	11	19	13	19	21	22	21	34	27	30	38	28	46	46	55	59	09	67	58	71	81
		1	45-65	20	37	24	33	43	30	30	37	43	99	44	55	52	58	54	74	79	61	61	77	73	96	88	102	95
		ļ.	25-45	4	20	4	ಸರ	4	က	63	<u>ئ</u>	4	_	9	က	9	ಸರ	<u></u>	9	1	4	10	9	ð	7	_	_	7
		Under	25	•	•	:	•	•	•	7	_	•	•	•	•	•	•	•	•	•	•	•	•	-	•	•	:	:
Death Rate per 1,000 Popula- tion				1.61	1.85	2.00	2.01	2.09	1.97	1.92	1.90	1.77	2.01	1.89	2.18	2.01	2.12	2.09	1.93	2.27	2.13	2.36	2.44	2.35	2.49	2.38	2.55	2.61
Total	of	of Cancer Deaths			474	510	510	533	519	510	538	514	590	558	644	585	614	607	554	638	591	648	999	638	671	636	681	889
			1	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963

0.06 969,580 2.00 0.98 1.21 18.2 11.6 11.6 12.45 15.0 32.4 4.2 19.1 0.22 0.36 Durham. COMPARABLE STATISTICS FOR NEWCASTLE UPON TYNE AND NEIGHBOURING AUTHORITIES 1963. 1.01 1.08 17.13 17.30 12.52 13.52 20.79 14.38 31.0 4.1 18.54 0.23 0.46 0.05 2·04 0·51 Northumberland 0.98 1.16 19.73 19.34 12.26 14.22 29.39 18.64 33.12 5.9 0.72 0.12 2.25 0.74 0.01 Tynemouth. 19.92 18.72 111.04 13.8 25.29 18.7 34.15 5.2 0.52 0.58 60.0 2.03 Sunderland. 109,080 0.98 1.18 18.03 12.62 14.89 16.4 10.46 6.5 2.42 0.64 0.94 0.02 South Shields. 102,560 0.126 0.00919.54 18.95 12.38 14.73 21.94 15.96 28.94 5.4 0.74 Gateshead. 263,360 0.034 0.0151.00 1.11 17.85 17.85 12.96 14.38 22.34 17.02 37.41 8.5 0.44 2.61 0.80 upon Tyne. Newcastle lungs and bronchus only ..... Neo-natal mortality rate per 1,000 live births ...... non-respiratory ..... respiratory ..... Illegitimate live births per cent. of total live births all forms (including leukaemia and Maternal mortality rate per 1,000 total births Perinatal mortality rate per 1,000 total births Infant mortality rate per 1,000 live births..... Crude birth rate per 1.000 population...... Stillbirth rate per 1,000 total births Tuberculosis rates per 1,000 population:-Crude death rate per 1,000 population ... Birth rate adjusted by factor ...... births aleukaemia) Death rate adjusted by factor respiratory ..... R.G.'s estimated population (a) respiratory .....(b) non-respiratory Primary Notification: Death rates from Cancer: Comparability factor: (a) births... (b) deaths ... Deaths: 9 <u>&</u> (a)

(— indicates that no deaths occurred).

## II.—NATIONAL HEALTH SERVICE ACTS



# MATERNAL AND CHILD HEALTH

(Dr. S. M. Livingston, Child Welfare Officer and Miss F. E. Hunt, Chief Nursing Officer)

The infant mortality rate has been falling slowly in recent years and in 1963 was one of the lowest ever recorded in the City, largely due to the number of deaths of babies between one and twelve months being fewer than in 1962. The numbers of neonatal deaths, early neonatal deaths and stillbirths have all increased, and consequently the perinatal mortality rate is slightly higher.

Prematurity, diseases of early infancy and congenital malformations, as ever, account for the largest number of perinatal deaths and indeed perhaps create the greatest problem amongst the children suffering from a handicap who survive.

It has been suggested that a register of 'at risk' children should be kept in each local authority area so that adequate supervision and care can be given to these children, as well as support and help to their parents and proper provision be made for their future education within their capabilities. It has been shown by Dr. Mary Thompson and Dr. F. J. W. Miller that practically all of these children are already known to the health visitors who are giving supervision and support. There is no point in keeping lists of these 'at risk' children either in the children's hospitals or by the local authority staff unless a satisfactory follow-up is arranged and findings freely exchanged by all who examine and treat the children. The Local Authority is responsible for the placing of these children either in school, special school or other institution, and health visitors can help the parents in the interim by intelligent discussion of their problems. whole question of an 'at risk' register has created a good deal of confusion because there is very limited agreement on the concept of which children are 'at risk' and which are not.

At the beginning of 1963 it was decided to invite children to attend child welfare clinics for birthday examinations on an appointment system. The idea of course, was to try to ascertain defects as early as possible, but it was found to be a very time-consuming scheme, and in a six month review only 7% of referrals for further advice (0.19% of those who attended) were children who would probably not have attended the Clinic otherwise than by this invitation. It was, therefore, decided that only one birthday

examination would be arranged by appointment and that the optimum time for this would be at the second birthday.

Still more general practitioners are holding antenatal clinics in Local Authority premises and the relationship between general practitioners and the Local Health Authority nursing staff continues to improve. It should not be long before child welfare sessions are run on the same basis.

Following the pattern of previous years, various members of the nursing staff attended refresher courses at different centres throughout the country.

In-service training has been maintained throughout all sections of the nursing staff and each group has held monthly meetings for educational and professional discussions in relation to its work.

Many national and international visitors visited the department. In addition 226 student nurses from local training hospitals undertook visiting with the staff as part of their general nurse training.

Of the 4,700 city births notified, 3,284 occurred in hospitals, nursing homes etc., as shown below:—

Fernwood Nursing Home	• • •	• • •	• • •	11
Hopedene Maternity Home	<b>)</b>	• • •	• • •	166
Princess Mary Maternity H	[ospita]		• • •	778
Newcastle General Hospita	1			1,317
Dilston Hall	• • •	• • •	• • •	245
The Green, Wallsend	• • •	• • •	• • •	470
Ashleigh, Gosforth	• • •	• • •	• • •	54
Darra - 1	• • •		• • •	19
Willington Quay	• • •		• • •	61
Preston Hospital, North Sh	ields	• • •		130
Queen Elizabeth Hospital,	Gatesh	ead		18
Others				15

## ATTENDANCES AT LOCAL AUTHORITY ANTE-NATAL AND POST-NATAL CLINICS.

(1)	Numb women atter durin yea	n who nded g the ar.	Number new particular	atients tended g the ar.	Total nof attances more workingluckers col. during	tend- nade by men led in (2)	Average session-al attendances.
	Ante-natal.	Post-natal.	Ante-natal.	Post-natal.	Ante-natal.	Post-natal.	Ante- natal.
1963	1,153	50	844	50	4,083	50	7
1962	1,590	26	953	26	4,820	26	9

# ATTENDANCES OF CHILDREN AT CHILD WELFARE CENTRES.

	No. of children who attended during the year.	No. of o who atten centres the y	first in attendance at the end of the year.		Total No. of attendances made by children included in col. (2) during the year.		Average session- al attend- ances 0-5 years	
		Under 1 year.	Over 1 year.	Under 1 year.	Be- tween the ages of 1 & 5 years.	Under 1 year.	Over 1 year.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1963	12,087	3,510	678	3,212	8,018	42,834	26,338	38
1962	12,193	3,540	471	3,114	8,029	47,682	27,625	38

549 children were referred from child welfare clinics for specialist advice and treatment to:—

Newcastle General Hospital	189
Royal Victoria Infirmary	27
Royal Victoria Infirmary (Speech Therapy)	31
Fleming Memorial Hospital	8
Orthopaedic Department—City Road	267
Ear, Nose and Throat Hospital	17
Hearing Assessment Clinic—City Road	10
Total	549

The number of handicapped children under review was made up as follows:—

Blind and partially sig	hted				1
Eye defects (squints)	• • •		• • •		221
Other eye defects		• • •	• • •	• • •	40
Deaf and partially dea	f				15
Mentally backward				• • •	46
Epileptic				• • •	7
Spastic			• • •	• • •	12
Congenital defects		• • •			146
(Including congenita	al hear	t, hare	lip, c	left	
palate, spina bifida,					
Orthopaedic	• • •	•••			190
Speech defects	• • •	• • •			32
Eczema	• • •	• • •	• • •	• • •	38
Asthma	• • •	• • •	• • •		8
Other conditions				• • •	73

# Play Therapy Groups and Clinic Play Groups.

The play therapy service in child welfare clinics has now completed its seventh year. This service is now very firmly established and attendance has been good. The attendance, however, depends on how far from either of the two centres the child may live. The most consistent attendance is registered by the child living within the area of the particular clinic where the play therapy group is centred.

Problems continue to be many and varied. Many very young children with speech difficulties attend before being referred for speech therapy. A new development, in a sense, has been the attendance at one centre of the children of one of the city's "problem families". These children were referred for reasons other than those of home background. One child has now left and is attending school. The other, a three year old, attends regularly and is making good progress.

The service is still without a consultant psychiatrist, but mothers benefit from informal group discussions. Individual problems are also discussed with mothers seeking advice from the supervisor.

Doctors and health visitors continue to give every co-operation in this service. Discussions about individual children take place regularly. These are most helpful and informative to the supervisor and her staff.

Play therapy attendances:—

#### BLAKELAW CENTRE— No. of sessions ... 50 Cases continued from 1962 New cases in 1963 14 Total attendances ... 451 EAST END CENTRE— No. of sessions ... 48 Cases continued from 1962 8 New cases in 1963 13 Total Attendances

The play groups for toddlers during child welfare sessions or sewing classes also continue to serve a useful purpose, and there are now eleven of these play groups functioning. In some areas, with enthusiastic and hardworking sewing classes, a minder for the children is almost essential, but so far we only have one at two of the five sewing classes.

# HOME ADVISERS.

As in previous years the work of this small group of people has been, as in the case of health visitors, unspectacular.

During 1963 there have been 20 families helped by home advisers including three carried over from as far back as 1961 and seven carried over from 1962.

This is a difficult service to assess on results because these families if left to their own devices, might at any time reach rock bottom with parents in prison and children in care. To raise any of them to the state where they can stand on their own feet and keep out of debt is no little achievement, but even though the home adviser does little more than support them, making it possible for the family to remain together, this can be reckoned on the credit side. Others, even though they appear quite hopeless and unco-operative, and the home adviser has to be withdrawn, may not be an unqualified failure because it is just possible that the family may have acquired some knowledge and help from the adviser. The results are as follows:—

3 cases from 1961 1 completed—fair success. 2 carrying on—fair success but need support. 7 cases from 1962. 7 completed 2 improved. 5 no real success. 13 cases in 1963 4 completed 1 refused home adviser after a month or two. 1 failed because of debts. 2 hopeless. Of the other 9 2 doing well. 2 hopeful. 1 fair. 4 not hopeful at all.

# DAY NURSERIES.

This has been a year of several staff changes, nine resigned and were replaced.

There has been very little difference in the numbers of children attending day nurseries compared with the previous year. There is still a real need for this type of service both for the mothers who must support their families and for many of those with handicapped children who need the support and rest which a day nursery can give them. Although there is an increasing number of registered child minders this service cannot fill the same need as the day nurseries because in most cases they only mind the children for three hours a day, and are not qualified to look after small babies. The child minder groups provide companionship for the children and nursery school experience and also give mothers a little time to do their other household tasks, but they cannot cater for the same family problems as the day nurseries.

During the year 611 parents applied for the admission of their children and attended for interview—504 places were offered, and of these 327 were admitted. 292 were discharged and 423 individual children attended as casuals.

Specially assessed cases during the year totalled 95, and of these 63 have been discharged. At the end of December, 1963, 44 children were attending at special rates.

#### DAY NURSERY ATTENDANCES.

Nursery.	Total Capacity	No. of attendances 0—2 years.	No. of attendances 2—5 years.	Admissions during the year.	Discharges during the year.	Casual users No. of ½-day attendances.
Willow Avenue	50	1,962	5,153	67	66	1,994
Renwick Street	50	1,492	6,447	76	65	1,442
Woodland Cres	25	995	2,914	21	20	856
West Parade	50	2,013	6,791	100	102	1,466
Gosforth Street	50	2,420	4,733	63	67	1,956
Total 1963	225	8,882	26,038	327	320	7,714
Total 1962	225	9,699	25,261	318	349	7,688

Figures below show the total of children in nurseries at the end of 1963, and the reasons for their admission.

Unmarried Mothers	37
Widows	14
Separated or divorced	60
Mother ill	22
Father ill	6
Confinements	17
Special recommendations	41
(H.V.'s Dr.'s etc.)	
Financial difficulties	
Father in prison	2
	223

Thirty four physically and mentally handicapped children have attended the nurseries, being either part-time or full-time, three of these being over five years of age.

## Child Minders.

There were 14 registered child minders looking after 138 children.

# NURSING HOMES.

There were five nursing homes in the City at the end of the year, two others having closed during 1963. These five homes provide accommodation for 135 persons, 15 beds being for maternity patients.

# MIDWIFERY.

The midwifery staff continues a very stable one, only one change having taken place during the year.

Forty-six pupil midwives completed their training in district midwifery during the year, of these 45 were successful in their final examination.

The trend for hospital delivery continues and the midwives in addition to conducting domiciliary confinements provide care for an increasing number of mothers and young babies who are discharged within the first few days after delivery. There were 144 fewer domiciliary births than in 1962.

The number of expectant mothers booked into hospital for delivery and discharge within 48 hours whose homes were assessed by the domiciliary midwives changed very little—270 for Newcastle General Hospital and 166 for Princess Mary Maternity Hospital. Actually 510 mothers were discharged home within 48 hours of delivery, 126 within 3-6 days, and 846 after the sixth day, in all, 1,482.

There were 70 live premature infants born at home—4 less than in 1962. This welcome decrease is in part due to the readiness with which women in premature labour are accepted by the hospitals. Fifty-one infants were nursed at home, 47 of them survived. The excellent liason between the hospitals and the domiciliary premature infant nursing service continues to flourish, and 169 infants were discharged from hospital to the care of the special nurse.

Co-operation between the general practitioner and midwives in the care of the expectant mother is steadily increasing. Seven groups of general practitioners holding ante-natal clinics in their surgeries are assisted by the domiciliary midwives, and they have expressed appreciation of the help given.

Twenty-one groups of general practitioners were holding antenatal sessions in Local Health Authority premises at the end of 1963. several holding more than one session weekly.

During the latter part of the year, the Obstetric Co-operation card came into use; this was a further attempt to improve the quality and continuity of ante-natal care.

A small hard core of expectant mothers requiring hospital accommodation for delivery still refuse. There are also a certain number of mothers who refuse all ante-natal care and advice despite the unremitting efforts of the domiciliary midwife.

Parentcraft and relaxation classes organised and run by midwives and health visitors continued to flourish, two further weekly sessions commencing during the year at the Kenton and Byker Centres. The young primagravidæ are showing increased interest in these classes and eventually they will probably be generally accepted as an integral part of routine ante-natal care.

## SUMMARY OF MUNICIPAL MIDWIVES' WORK.

				NUMBER OF BIRTHS.				
			Doctor no	ot booked.	Doctor			
No. of antenatal visits.	No. of post-natal visits.	No. of clinic visits by midwives.	Doctor present at time of delivery of child	Doctor not present at time of delivery of child.	Doctor present at time of delivery of child (either booked Dr. or another).	Doctor not present at time of delivery of child.	No of nursings	
<b>1963</b> 26,179	3,033	4,412	3	37	392	1,129	54,250	
<b>1962</b> 25,050	2,620	3,402	4	47	444	1,210	42,823	

# Still Births.

City Births	95 16
Total	111

# Premature Infant Service.

One full-time and seven part-time premature infant nurses were employed on this service. The numbers of premature infants born on the district were as follows:—

	83

Of the 70 live births, 63 were attended by the Premature Infant Nurse. Nineteen were transferred to hospital and 51 were nursed at home.

Weight.	Total Live Births	Survived 28 days	Died
Up to 2 lbs. 3 ozs	7 14 30 51	- 4 14 29 47	- - 3 - 1

Premature Infants born in hospital and nursed by the Premature Infant Nurses on discharge from hospital—169.

Newcastle General Hospital	91
Dilston Hall Maternity Hospital	7
Princess Mary Maternity Hospital	51
The Green, Wallsend	4
Willington Quay	3
Preston Hospital	12
Queen Elizabeth Hospital	1
•	160
	109

# HEALTH VISITING.

During the year there were seven resignations and seven student health visitors were appointed as health visitors.

Home visits paid by the health visitors were as follows:—

					Total	Visits
					1963	1962
Births and children under o	one yea	r	• • •		30,832	34,530
Children over One Year	• • •	• • •	• • •		71,886	64,033
Infectious Diseases (other t	han T.	B.)	• • •	• • •	858	929
Expectant mothers	• • •	• • •	• • •	• • •	1,563	1,524
Aged persons	• • •		• • •	• • •	14,068	14,474
Mental and physical after-o	care	• • •	• • •	• • •	480	664
Orthopaedic	• • •	• • •		• • •	9	32
Tuberculosis cases	• • •	• • •	• • •	• • •	689	989
Tuberculosis contacts		• • •	• • •	• • •	1,226	1,720
Hospital cases	• • •		• • •	• • •	92	62
Special visits	• • •	• • •			1,076	1,648
Housing	• • •		• • •	• • •	234	142
Venereal diseases—contacts	s	• • •		• • •	423	574
Home accidents	• • •	• • •	• • •		20	17
Sanitary defects	• • •	• • •	• • •	• • •	61	37
Totala				_	122 517	121 275
Totals	• • •	• • •	• • •	• • •	123,517	121,375
No. of households visited	• • •	• • •	• • •	• • •	18,725	18,661

In addition to the totals shown there were 21,213 ineffective visits compared with 24,092 in 1962.

Visiting has had to be increased to problem and potential problem families and also to the aged section of the community. Both these groups need frequent advice and supervision and it naturally follows that other groups are visited on a selective basis only.

# Health Visitor Training.

Seventeen students, seven sponsored by Newcastle City Council nine by other Authorities and one independent student, were trained in the 1962-1963 course. The independent student obtained a major local education authority award. A Gateshead sponsored student left the course at the end of the first term. The remaining sixteen students sat the Royal Society of Health, Health Visitors' examination in July, fifteen being successful at the first attempt, including all the Newcastle students. The student who failed re-sat in September but was unsuccessful again.

The course was held in the maternity and child welfare premises in Wharncliffe Street, and proceeded on similar lines to previous years. Noise and dirt, due to the demolition work in progress in the area has caused some difficulty. It says a good deal for the enthusiasm, zeal, goodwill and effort on the part of the students that so much has been learned and accomplished in such a dirty, dilapidated and unpleasant environment. The lecturers are to be thanked for playing their part.

The practical health visitor training is the most important part of the course and the work of the City health visiting staff, who undertake the major part of the practical training so willingly and so well, is much appreciated.

The 1963-1964 course commenced on 1st October 1963, when nineteen students enrolled, two of them being sponsored by the Newcastle City Council.

# Diabetic Clinic at the Newcastle General Hospital.

A City health visitor attended this clinic and interviewed all Newcastle patients who visited for the first time. She acted as an intermediary between the hospital and her colleagues. Social and dietary points were discussed with the patients themselves at the hospital. Home visits were arranged by her, for her colleagues to carry out urine tests on members of the patient's family at home.

# School Health Education.

A health visitor has continued to attend Kenton Comprehensive School to give talks to the senior girls on parentcraft and allied subjects. These appear to have been well accepted in the school and it is hoped that this scheme may be followed up in other schools throughout the City.

# Group Practices and Health Visitors.

A health visitor in the East End and one in the West End are still attached to group practices. This has proved extremely beneficial to both doctor and patient. Family cases and problems were discussed to the mutual benefit of both doctor and health visitor. A better understanding and co-operation has been created between the doctor, health visitor and patient, and because of her work in this field, the health visitor has been able to act as the liaison between many other services. It is hoped that this scheme, which has proved so valuable to everyone concerned will be expanded, but it is necessary that the health visitors undertaking this work should be mobile.

# Housing Reports.

Requests continued for information about applicants submitting "medical grounds" to enable them to be rehoused and 180 reports were made.

## Mothers' Clubs.

There have been two more mothers' clubs started during the year. At the present moment there are eight flourishing clubs throughout the City held monthly or twice monthly. It is interesting to note that because of their educational as well as their social activities they are most welcome.

# HOME NURSING SERVICE.

During the year there were two resignations and four appointments in the home nursing staff. For the first time in many years few suitable applicants have applied for full-time appointments and it has been necessary to employ part-time nurses on a temporary basis at certain periods.

The total district nursing staff employed on 31.12.63 was 48 (one below establishment) which included two administrators, one employed part-time in the District Nurses Training School.

The work of the home nurses is shown by the following figures:—

	Med	lical	Surg	gical	Tubero	culosis	Infec Dise		Mate	rnity	Т	otal
	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits
1962	3,461	117353	793	17089	179	12097	28	287	99	767	4560	147593
1963	3383	124474	853	16147	143	9166	36	460	54	397	4469	150644

The visits increased by over 3,000, this being mostly accounted for by an increase in the number of aged patients. The field staff made an average of 3,274 visits each in the year.

There were 373 cases of anaemia treated during 1963, this included 201 carried forward from 1962. Many were receiving injections as well as general nursing care.

The average number of visits in the different categories is given below and compared with 1959:—

			1963	1959
Medical		3	37	32
Surgical			19	20
Tuberculosis	• • •		64	48
Infectious Diseases	• • •	• • •	12	6
Maternity		• • •	7	9

The overall average number of visits per patient has increased from 30 to 33. The main increase has been in the elderly and other "medical" cases, but there has been a decrease in the number of patients suffering from tuberculosis and, to a lesser extent, from carcinoma, breast abscesses, stomach and intestinal conditions and varicose ulcers.

The number of staff available has made it impossible to provide maximum care at all times. Incontinence pads have made it possible to improve the standard of service to the incontinent patient but an increased supply is required.

The provision of dressing attendants, bath orderlies, a night sitter service, the Marie Curie Memorial Foundation Nursing Service and the laundry service continued and met a very real need on many occasions, releasing the district nurses for more skilled work. The dressing attendants can save patients from becoming prematurely bedfast by getting them up in the mornings, washing and dressing them, and later getting them ready for bed at night. The demand for night sitters and the Marie Curie Service varies but gives great relief to relatives.

The number of patients receiving these services during the year was as follows:—

Dressing attendants	11
Night sitters	41
Marie Curie Nursing Service	45
Laundry service	37
Bath orderlies	493

Two bath orderlies resigned and were replaced. It would appear that each year the community and various voluntary bodies throughout the City become more aware of this service, but unfortunately the service is not large enough to give constant care and attention to all people as frequently as they really need it. This work is being expanded.

# District Nurses Training School.

During the year two courses of district nurse training were held. Number of students during the year—January course nine students, and the September course ten students. The examination results for the 1962/63 course were 19 passes. Number of Newcastle students—four, all of whom were successful.

# HOME HELPS.

It has been said that the home help service is one of the greatest advances in public health of recent times, and it is doubtful if a small section of any Act of Parliament has ever done so much to ease the burden of so many people.

The cost of the home help service throughout the country is ten million pounds per annum, therefore good value is expected and given.

To keep the aged in their own homes as long as possible a team is necessary—the general practitioner, the home nurse, health visitor, and a key figure in the team, the home help. The home help's attendance varies from a few hours weekly to do the heavy work to daily visits for bedfast patients. This enables the elderly person to keep his or her home clean and orderly.

In 1963 2,914 cases were assisted.

Maternity Short-term illness Long-term illness (under 65 years) Aged 65 years and over Child Care Cancer Tuberculosis	25 407	1962 130 58 379 2,310 51 22 29 2,979	1961 130 61 369 2,240 32 19 28 
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During 1963, 79 home helps resigned, chiefly because of ill health or for domestic reasons, but there was no difficulty in obtaining replacements. The number of home helps engaged during 1963 was 85. All of these were part-time helps, working between 20 and 30 hours per week.

Two visitors were appointed in June, thus enabling the cases to be visited more frequently. This is very necessary to assess the need, to adjust, lessen or increase the hours required. Thus 12,443 supervisory visits to the patients' homes were made compared with 7,279 in 1962.

The scale of charges for the home help service was increased on the 15th August, 1963 to a maximum of 4/11d. per hour. The minimum charge for a confinement case where the applicant is in receipt of the home confinement grant is now 1/5d. per hour.

## Wardens.

In September, as an experiment two wardens were appointed to work, one in the East End and one in the West End of the City, to visit housebound elderly people who have no relatives. The wardens visited approximately 20 people on an average twice per week in approximately 17 hours. They discussed the elderly people and their problems with the health visitor concerned. Their time was spent in talking to the elderly, doing a little shopping, telephoning doctors, and various other small requests. In various ways a daily check (without a visit) was made to be certain the elderly person was not in need. This is a rewarding service and when analysed it may be thought necessary to expand to other districts.

# IMMUNOLOGY.

The number of successful vaccinations against smallpox was very much smaller than in 1962, the latter figures were abnormally large because of the smallpox scares in that year. In 1963 the numbers were small, not only because of the high proportion vaccinated in 1962, but also because the policy was changed with regard to vaccination of infants, and primary vaccination is not now recommended until after the first birthday.

## SMALLPOX VACCINATIONS.

# Number of Individuals Successfully Vaccinated against Smallpox Divided into Age Groups.

(1962 FIGURES IN BRACKETS).

Age at Date of Vaccination.	Under 1 year	1—4 years	5—14 years	Over 15 years.	Total
Clinics. Primary Re-vaccin-	79 (1632)	263 (463)	10 (96)	14 (506)	366 (2697)
ation  Private		8 (21)	3 (212)	95 (1440)	106 (1673)
Practitioners Primary Re-vaccin-	283 (969)	69 (447)	28 (1024)	63 (1768)	443 (4208)
ation		22 (140)	31 (1039)	133 (4113)	186 (5292)
Primary Re-vaccin-	362 (2601)	332 (910)	38 (1120)	77 (2274)	809 (6905)
ation	3	30 (161)	34 (1251)	228 (5553)	292 (6965)

# DIPHTHERIA IMMUNISATION IN RELATION TO MID-YEAR CHILD POPULATION.

Number of Children who have Completed a Course of Diphtheria Immunisation between 1st January, 1949 and 31st December, 1963.

	Under 1	1-4	59	10—14	Under 15
Age on 31/12/63	year	years	years	years	years
(i.e. Born in year)	1963	1962-1959	1958-1954	1953-1949	Total
A. Number of children whose last course (Primary or Booster) was completed 1959-1963	1,073	12,261	12,860	11,882	38,076
B. Number of children whose last course Primary or Booster was completed in period 1958 or earlier			4,634	16,119	20,753
C. Estimated mid-year child population	4,620	17,180	38,	500	60,300
Immunity Index	23·2	71.4	63	.7	63·1

#### DIPHTHERIA IMMUNISATION.

Number of Individuals who Completed a Full Course of Primary or Re-immunisation. Divided into Two Age Groups. (1962 figures in brackets).

	Under 5 years.	Over 5 years.	Total.
Primary Immunisations. Clinics Private Practitioners	2,229 (1,980)	990 (546)	3,219 (2,526)
	916 (1,122)	42 (55)	958 (1,177)
Re-immunisations. Clinics Private Practitioners	1,432 (979)	3,383 (2,571)	4,815 (3,550)
	288 (341)	203 (275)	491 (616)
Totals— Primary Re-immunisations	3,145 (3,102)	1,032 (601)	4,177 (3,703)
	1,720 (1,320)	3,586 (2,846)	5,306 (4,166)

Number of children under 15 years protected against Diphtheria, Whooping Cough and/or Tetanus in 1963, are as follows:—

## PRIMARY IMMUNISATION.

Diphtheria	Diphtheria and Pertussis	Diphtheria Pertussis and Tetanus	Diphtheria and Tetanus	Tetanus	Total Diphtheria	Total Whooping Cough	Total Tetanus
19	1	3,233	924	83	4,177	3,234	4,240

#### RE-IMMUNISATIONS.

Diphtheria	Diphtheria and Pertussis	Diphtheria Pertussis and Tetanus	Diphtheria and Tetanus	Tetanus	Total Diphtheria	Total Whooping Cough	Total Tetanus
1,732	Nil.	1,567	2,007	99	5,306	1,567	3,673

Number of Persons inoculated against Cholera etc.	
Cholera	2
T.A.B.	10

INDIVIDUALS WHO RECEIVED PRIMARY COURSE (3 DOSES) AND BOOSTER DOSES, ORAL POLIOMYELITIS VACCINATION. IN 1963.

Total.	2,444 708 582 2,190 20	5,944		419 1,690 57 2,023	4,189
Hospital Staff and Families.	20	20			
Expect- ant Mothers.	N	9			
Aged 25—40 years.	224 125 363 499	1,211		47 8 21 35	
Aged 16—25 years.	61 36 214 285	596		13 17 28	65
School	68 547 3 316	934		241 1,669 1,817	3,734
Under Five.	2,089	3,177		124  12 143	279
COMPLETED PRIMARY COURSE. (3 DOSES)	M. & C.W. Clinics School Clinics Special Clinics G.P.'s Surgeries Hospital Staff	TOTAL	COMPLETED FOURTH DOSES. (BOOSTER).	M. & C.W. Clinics School Clinics Special Clinics G.P.'s Surgeries	TOTAL

In addition to oral poliomyelitis vaccinations, a total of 153 individuals received primary Salk vaccination from their own General Practitioners or at Hospital and 180 received booster injections.

# PROBLEMS OF CHILDREN NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES

Co-ordinating Committee.

During 1963, seven meetings of the Co-ordinating Committee were held at which 25 new cases were considered. The constitution of the Committee, which has now met for ten years, remained the same with the Medical Officer of Health as Chairman.

Cases have been referred from the following sources.—

	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Superintendent School Nurse	. 7	7	11	4	6	7	6	13	10	3	5
Chief Nursing Officer	. 6	5	7	2	2	7	4		1	7	5
Social Case			·	_	_	,			1	,	5
Worker Head Teacher	. 1										_
Representatives		1	2	1	1	1	3	1	3		2
Organiser of Child Care	. —		2		1	2	1	4	1		3
Probation Service	1							1	3		1
National Society for the Prevention of Cruelty to Children	5	5	1	4	6	6	7	3	1	6	8
Paediatrician, Newcastle General											
Hospital				_		1	_			_	-
Medical Officer of Health	. —	_	_		_	2	2	1	_	1	
National Assistance											
Board						5	1	1		_	
Housing Department					—		1	1			1
	20	18	23	11	16	31	25	24	19	17	25

It is rather disappointing to record an increase in the number of new cases reported during 1963, but it should be mentioned that five of these only required guidance for a short period and were then able to cope with the running of their homes themselves. Members of the Committee are keen to refer such cases when personally meeting their colleagues in the statutory and voluntary services, of pooling their knowledge, and being able to cope with difficult situations without delay.

Housing difficulty still plays a large part in the development of problem families. Mothers with growing families living in one or two rooms, sharing water and toilet facilities, find it increasingly difficult to manage. Their rooms seem to be always untidy, the children get dirty and with few or no facilities for washing and no hot water, the mother just loses heart and sometimes even leaves home. The Committee have been able to recommend families for rehousing and it is most encouraging to members to learn how well families settle into their new and more adequate homes and take on a new outlook on life.

It should be recorded however, that although many families on the Committee's list do live in very inadequate accommodation, and the children are often unwashed, untidily dressed and devoid of control, the standard of feeding has improved greatly in recent years and as a result the children are no longer ill-nourished.

Rent arrears and mismanagement of the weekly income still need careful watching and members of the Committee are to be congratulated on their patience, and perseverance, often with very little thanks, in this valuable work.

The aims of the Committee remain high and I wish to thank all its members for another year of worthy effort.

# PRIORITY DENTAL SERVICE FOR NURSING AND EXPECTANT MOTHERS AND CHILDREN UNDER SCHOOL AGE.

Over the first few months of the year the Maternity and Child Welfare Dental Service was run from the Clinics at St. Anthony's, City Road and Cowgate, serving the East, Central and Western areas of the City.

This arrangement was reasonably satisfactory but it was felt that it entailed undue travelling for expectant mothers and very young children, so arrangements were made for all the school clinics, in addition to those above, to provide treatment for maternity and child welfare patients in addition to the school children.

This arrangement dated from the first of May and was well received by the mothers as in most cases it enabled them to attend a clinic much nearer their homes than formerly.

Routine treatment such as fillings and extractions was carried out at all clinics but where treatment was more complicated involving laboratory work etc., patients were generally seen at the Central Clinic where facilities for comprehensive treatment were available. Extraction sessions under gas and oxygen were held in each clinic weekly, while any treatment requiring urgent extraction or other emergency work could be obtained any day at the Central Clinic.

Figures for the work done on the children over the year are mostly considerably better than for last year, more than twice as many fillings having been inserted, but the figures for expectant and nursing mothers made it seem that a Priority Service for these patients is today scarcely worthwhile. This is not to be wondered at when one realises that all dental treatment for these patients can now be obtained free from any dental practitioner, but children under school age are not the most attractive type of patient and are not so readily acceptable by private practitioners so that special provision for them is still a necessity.

## NUMBER OF PREMISES AND SESSIONS.

1.	Number of dental treatment centres in use at end of year for services shown below	9
2.	Number of dental officer sessions (i.e. equivalent complete half-days) devoted to maternity and child welfare patients during the year	380

Details of the work carried out over the year are given below.

NUMBER OF CASES.

		Number of persons examined during the year.	Number of persons examined during who commenced the year.  Number of persons who commenced treatment treatment during the year.	Number of courses of treatment completed during the year.
	1. Expectant and Nursing Mothers	267	217	94
5	2. Children aged under 5 years and not eligible for school dental service	1486	579	439

DENTAL TREATMENT PROVIDED.

	·	·	
	Radio- graphs.		9
Provided.	Partial upper or lower	23	0
Dentures Provided.	Full upper or lower	32	0
	General Anaes- thetics.	53	219
	Extractions.	371	465
	Crowns and Inlays.	0	0
Cilver	Nitrate Treat- ment.	0	3
	Fillings	233	1145
Conlings	Scanness and Gum Treatment.	72	35
		1. Expectant and nursing mothers	2. Children under 5 years and not eligible for school dental service

Note.—Figures refer to number of treatments and not to number of persons.

# AMBULANCE SERVICE

(Mr. H. M. Roberts, Chief Ambulance Officer).

A summary of the patients carried and the miles travelled during the year under review is set out below with comparable figures for the previous year.

	City		Section 24. Other Authorities		Ancillary	Miscellaneous includes Training Centre & Welfare	
Year	Cases	Mileage	Cases	Mileage	Mileage	Cases	Mileage
1962 1963	128,938 148,532	533,209 581,264	3,955 3,453	73,510 60,907	23,897 27,338	61,189 75,256	132,579 181,717
Diff.	+19,594	+48,055	502	—12,603	+3,441	+14,067	+49,138

Year	Tot	al
	Cases	Mileage
1962 1963	194,082 227,241	763,195 851,226
Diff.	+33,159	+88,031

The total increase during the year is well above the national average, being a 17% increase over the 1962 figures.

The ratio of the two different demands i.e. ambulance cases and the needs of the social services has also changed. In 1962 the proportion was 2:1, but in 1963 this has reduced to 1.9:1 persons. Whilst both types of demand are increasing the social services transport requirements are growing more rapidly.

The total mileage figure has increased considerably, but due to the development of the planning division the miles per patient figure has fallen from 3.9 to 3.75. The larger carrying capacity vehicle has helped this reduction without causing inconvenience to the patient.

During the year the planning division has increased the field of prediction with the co-operation of the hospitals by forecasting the estimated time an out-patient will be held in the clinic or department, and thus being able to schedule the return journey more accurately. This saves a considerable amount of communication, enables the controller to estimate his hourly commitments and more important gives the patients some assurance as to when they will be returning home. The scheme works beneficially for the hospitals, the patients and Ambulance service.

## Co-ordination with Other Authorities.

More visiting ambulances than ever before are now liaising with the ambulance control and as a consequence there has been a further increase in the number of "outside" cases carried by other authorities' vehicles. The total for the year amounts to 17,258 an increase of 1,522 over 1962.

Intensifying this aspect of the work has increased the amount of communications with other authorities and also put a greater amount of work on the hospital liaison officer, particularly at the Royal Victoria Infirmary. However, without this co-ordination and with the increasing demands within the City for transport, many commitments would not have been met.

# Miscellaneous Services.

The expansion of the Meals on Wheels Service has created a considerable transport demand, particularly as it operates a seven day week. The service is now providing transport for nearly 1,150 meals per week and distributing these over an area which covers the whole of the city. The collection of the meals from five different production points complicates the operation, and it now takes a considerable amount of administration time to look after this service.

All the miscellaneous services are self-supporting and the costs are recovered by the ambulance section, but at present, the services are run together and there is no division of costing. This may have to be reviewed in the near future, particularly if the Ministry of Health Annual Costing Returns statistics are revised and require figures solely in connection with work done under Section 27 of the National Health Service Act.

## Maintenance.

	Overhauls 10,000 miles	Inspection 2,000 miles	Miscellaneous Repairs.	Rebuilt Components	Vehicle. Repaints.
1962 1963	67 68	315 324	376 532	16 31	25 12
Diff.	+1	+9	+156	+15	13

The increase of miscellaneous repairs shown in the above table is partly due to the extra mileage covered this year, which amounts to 88,000 and this has meant stepping up the operational schedules of the vehicles, and as a consequence curtailing the time spent on preventative maintenance in the workshop. There has also been additional work due to the introduction of the five year Ministry of Transport tests which effect 50% of the total fleet. The standard of this test is higher than the service has maintained for the vehicles used only during peak load periods in the mornings and afternoons.

There is no doubt that during the year the incidence of mechanical failures has been higher. This may be partly due to the deterioration of traffic conditions within the city, causing the vehicles to be continually stopping and starting, and standing in traffic jams with their engines idling. There is no doubt that the time is rapidly coming when it will be necessary to measure engine wear by running hours rather than by mileage.

## Premises.

During the latter part of the year, progress was made in the planning stage for providing a new and permanent headquarters for the service. Formalities in connection with the proposed site in the Blenheim Street area were completed, and the committee appointed an architect to prepare the plans. Good progress has been made, and it is very satisfying to be able to report this year that the solution to the frustrations and inconvenience that the service has been subject to regarding accommodation is in sight.

Unfortunately the new premises will not be ready before the lease expires on the existing headquarters, in 1964, and this therefore is going to mean yet another move into temporary premises.

# Vehicles.

During the year the committee authorised the purchase of five new vehicles. Three of these vehicles were replacements for vehicles which had completed their economic life within the service. The body design was of the dual purpose type, being capable of carrying either two stretcher cases or up to 12 sitting cases.

Two vehicles were the five hundredweight small utility vans, these being purchased primarily for the purpose of distributing meals on wheels and for providing suitable transport in connection with the home help service, and the small delivery service carried out on behalf of the domiciliary midwifery service.

The committee also purchased two second hand vehicles from the Royal Victoria Infirmary, these were taken over when the responsibility of transporting patients between the Infirmary and the Wylam Convalescent Home was transferred from the Hospital to the Local Authority.

Four vehicles were sold during the year, all ambulance type, three of which had been in the service for eight years and one for 14 years.

## Staff.

During the year there have been four resignations from the administrative staff and two from the operational side. The administrative resignations were, in all instances, due to domestic reasons and were members of the female clerical staff. The two driver/attendants who resigned did so as they felt that they could earn higher salaries in industry.

During the year the relationship within the service between staff and management has again been good and there is no question that the spirit of dedication to their work is continually growing amongst the operational staff, and it is pleasing to report that during the year the general public has been most generous in its praise for the ambulance men.

# First Aid.

All members of the staff are qualified and up to date in this subject and hold either the St. John Ambulance Brigade or the British Red Cross Society Certificate in accordance with the Ministry of Health and the Local Health Authority's requirements.

## Sickness.

The operational staff lost 1,004 days due to sickness, and 141 days were lost by the administrative staff.

# Safe Driving Awards.

Eighty five members of the staff were entered, and seventy two were recommended for awards.

## Accidents.

During the year there have been ten accidents which necessitated making claims upon the Insurance company.

## Civil Defence.

Steady progress has been made during the year in training members of the public who have volunteered for duties in the Civil Defence Corps, for ambulance and first aid work. It is still regrettable that the number of these volunteers is extremely low, however this does not deter from the keenness of the few, and there is no doubt that in the event of a national emergency these volunteers will be able to make a most useful contribution to the work of the service.

It has been possible during this year to give a certain amount of training and instruction to the full time ambulance staff on matters of civil defence which concern them, and it is hoped that further progress in this field will be made during 1964 so that all members of the ambulance service become fully trained.

# HEALTH EDUCATION

(Dr. J. T. Jones)

# 1. General Outline of the Programme.

In the Annual Report for 1962 the Health Education Section of the Department was described in some detail and it was mentioned that during 1963 programmes would be arranged on a quarterly basis. Those arrangements proved satisfactory and enabled a more concentrated impact to be made by everyone working on the same topic. Most of the emphasis was aimed at mothers and children in the topic chosen.

(a) January—March First aid.

(b) April—June Foot health.

(c) July—September Clean food and good diet.

(d) October—December Safe toys.

At the Tyneside Summer Exhibition on the Town Moor in August a display was erected in the departmental tent depicting food inspection services.

Several sections took part but the major part was taken by the Public Health Inspectors. A wet spell brought approximately 30,000 to the tent and considerable interest was taken in the methods of food inspection, rodent control etc.

# 2. Staff Training in Health Topics.

An integral part of health education is the in-service training of staff.

(a) Monthly meetings were held in the different sections of the nursing services throughout the year. In addition to talks, members who had been away on refresher courses gave summaries on the subjects which had been discussed in different parts of the country.

In the district nursing section talks were given by various people on different subjects, including chiropody, ward techniques, skin disorders and mental ill-health.

In the midwifery field, talks were given on 'Infants at Risk' and the experimental refresher courses undertaken in the Newcastle General Hospital. Several films were shown, including 'To Janet a Son', 'Resuscitation of the Newly Born' and 'Triumph of Child Birth'.

In the health visiting section there were discussions on immunisation and vaccination, social services structure and city planning.

- (b) The Medical Officer of Health meets the medical staff weekly. There were also study periods on specific topics and medical officers attended refresher courses and reported thereon.
- (c) An induction course for social welfare, mental welfare and child care officers and Housing Department staff took place in September. Lecturers from within the department took part. The purpose was to give basic information on health, social and school health services.
- (d) In addition, every encouragement is given to all professional staff to attend scientific meetings, discussion groups etc., to enable them to keep up to date and have opportunities of meeting others working in the same field.

## 3. Health Education in Schools.

During the year the Bulletin on Health Education was presented quarterly to head teachers. These contained items of interest, i.e. short article on the campaign subject and additions to the Guides on Health Education, which were originally distributed with the first bulletin.

# 4. Venereal Disease.

No specific measures were introduced in 1963 to bring to the public notice the rising incidence of venereal disease and the dangers of promiscuous intercourse.

# 5. Smoking and Lung Cancer.

Apart from taking every opportunity that occurred in press and television interviews to draw attention to this association, no new steps were taken but it was decided by the Committee that the progress of the measures taken in 1962 should be reviewed early in 1964.

## HOME SAFETY

(Dr. G. Hamilton Whalley)

The Home Safety Sub-Committee of the Health and Social Services Committee, now meeting twice a year, has given increasing publicity to Home Safety as an important and indeed salient part of overall health education.

The Voluntary Organisations Home Safety Sub-Committee which meets several weeks later, assists communication with nearly170 associated Women's Organisations and groups in the City.

Topics selected for National Campaigns by the Royal Society for the Prevention of Accidents, were supported by the Committee in its publicity which included talks to voluntary organisations. Special emphasis was given to the National Home Safety Training Year, in linking it throughout the year with some general publicity given to the main causes of home accidents, and with articles appearing in the "Civic News" which has a monthly circulation of 24,000 copies; and also with the special topics outlined below. In addition it was emphasized to staff visiting people in their homes, including home helps, the important part they can play by appropriate comment and advice.

# January-March.

- 1. Publicity to support the Training Year which was issued to independent and maintained schools included a variety of leaflets for notice board display and to assist teachers in giving class talks. A prepared leaflet summarised common causes of home accidents, with the suggestion "Be a Home Safety Watch Dog in your Home."
- 2. Similarly information and essential statistics were issued to 270 youth organisations in the city to encourage discussion.
- 3. Voluntary organisations, linked with the Committee were asked to contribute realistically to the Training Year by encouraging their members to:
  - (i) give family training on home safety to their own children especially by example, and also by encouraging them to learn to swim.

WATER SAFETY EXHIBITION IN A CITY DEPARTMENT STORE.



- (ii) review continually their own homes to remove accident risks and
- (iii) act as "Wardens" to aged neighbours by pointing out home accident risks.
- 4. A publicity stand on the "Prevention of Burns" was organised in a large departmental store in January.

## April-June.

A "Water Safety" Campaign was offered to Schools and Youth Organisations, reinforcing publicity given in 1962.

## July-September.

- 1. Water Safety Publicity continued with emphasis on encouraging children to learn to swim. Some poster publicity extended till the end of the year.
- 2. Publicity was given to the dangers of injury from broken glass. A poster was specially designed with the message "Take safety on holidays and outings."
- 3. A publicity stand on the prevention of burns was again presented in the same large departmental store in July.

## October-December.

Publicity was given to the following:—

- 1. The prevention of burns and scalds by general poster display.
- 2. The danger of fireworks by a widespread poster display.
- 3. The subject of "Safe Toys" introduced in child welfare clinics and linked with support for the National "Buy for Safety" Campaign in the display of a special designed poster entitled "Buy Safe Toys and Gifts this Xmas."

# General Scope of Publicity for the Main Campaigns.

Each campaign covered the Health and Social Services and other departments of the Corporation including the City Libraries, the Housing Department, Baths and Laundries, the Covered Market and City Transport Canteens, Chest and School Clinics, Schools, Colleges of Further Education and about 250 Youth Organisations, the University, Medical School and Students Union, Hospitals,

the Ministry of Pensions and National Insurance and Labour Exchanges, large industrial and commercial organisations, certain firms, large shops, laundrettes and larger insurance companies.

Poster boards accommodating up to 70 large posters and certain departmental vehicles and 13 school meals vehicles were used.

Material was issued to the press and the "Civic News" as well as to various voluntary bodies. Outgoing mail was franked with slogans.

# Public Attitude to Home Safety.

Whilst local authorities in general do support publicity on Home Safety in their own areas, it is clear that to have any real effect, concentrated publicity on a national scale using the most effective media for communication is essential and should be much increased. Nothing less will suffice to bring home by effective portrayal and emphasis the toll of accident and death which occurs in and around the home and also on holiday. The general public have not fully realised that road accident deaths, to which so much publicity is given, are exceeded by home accident deaths, nor that homes, their home, can be so dangerous especially to children and older persons.

# MENTAL HEALTH SERVICES

(Dr. Peter Morgan—Consultant Psychiatrist)

## Foreword.

There has been a steady expansion throughout the year in the work of the Mental Health Service. Whilst the rate of referral of new cases has remained much the same as in the previous year, as many of these persons require life long supervision, the total case load has increased, and undoubtedly this expansion will continue. At the moment the staff are principally concerned with the care of persons discharged from psychiatric hospitals and recovering from psychotic illnesses, or suffering from subnormality. It seems likely that there will be an increasing demand to cope with the problem of neurosis and emotional disorders, together with alcoholism, all of which are prevalent in the community.

The beginning of the year saw the opening of the first Psychiatric Hostel, Summerhill. This was a converted commercial hotel, which made an excellent temporary home for twenty-five women recovering from psychiatric disorders. The hostel has been run on informal lines, with a minimum of rules and regulations, its purpose being to encourage the residents to make their own decisions and so to combat the effect of prolonged hospital care. Single rooms, a permissive environment and continued efforts by the staff have resulted in twenty six women being successfully discharged into the community, many of whom had spent one or more decades in hospital.

Perhaps the most significant psychiatric event of the year was the completion of a study of the prevalence of old age mental disorders in the City by D. W. K. Kay, P. Beamish and Martin Roth of the Department of Psychological Medicine, University of Newcastle upon Tyne. This team found that mental deterioration and neurosis was common-place amongst elderly persons living in the community. Just over one in every twenty persons over the age of sixty-five years suffered from severe mental deterioration similar in degree to that usually found in a psychiatric hospital, but only one seventh of these were in fact in institutions, the remainder being at home. The inclusion of mild cases of mental deterioration increased this figure of one in twenty to one in ten. Elderly persons who had developed schizophrenic or manic depressive psychosis appeared to be receiving adequate psychiatric hospital out-patient treatment, but neurotic illnesses, which were extremely common in the elderly, largely went

untreated. The authors concluded that the community mental health service would need to be expanded to cope with this problem and it is obvious from departmental statistics that at the moment our section is merely coping with the tip of the iceberg.

# Committee Composition, Administration and Staff.

- (a) The Mental Health Sub-Committee comprises all members of the Health and Social Services Committee.
- (b) The staff consists of one Consultant Psychiatrist (part-time), one Senior Psychiatric Social Worker, one Senior Mental Welfare Officer, three Mental Welfare Officers, two Welfare Assistants and three Trainee Mental Welfare Officers.
- (c) One trainee Mental Welfare Officer is at present attending a two year full-time course leading to the National Certificate of Social Work.
- (d) The staff of the Jubilee Road Training Centres consists of a Manager, two Supervisors, eight Assistant Supervisors, three Craft Instructors, one assistant Nurse and three Trainee Assistant Supervisors.
- (e) Two Trainee Assistant Supervisors are at present attending a one-year course for Training Centre Staff organised by the National Association for Mental Health.
- (f) The staff of Summerhill Hostel consists of a Warden, Deputy Warden, Cook and two Domestics.

# Community Care.

The year has seen a steady expansion of the work of the Mental Welfare Officer in the care of persons suffering from mental disorder who have been discharged from hospital into the community. The existing close liaison between the hospitals and the local authority service has continued. As will be seen from Table I, the number of home visits has increased, having almost doubled over the last two years.

Two hundred and forty four persons suffering from mental illness were referred for care in the community. Table II shows that about half of these came from St. Nicholas Hospital, and analysis of diagnosis indicates that, as in previous years, about half were persons suffering from schizophrenia. These persons, whilst sufficiently fit to live in the community, require life-long support, and cause a steady increase each year in the case load of the mental welfare officers.

## Community Care Clinics.

The work of the Community Care Clinics has continued at Blakelaw, St. Anthony's and the Newcastle General Hospital, but the number of persons seen at these clinics has decreased during the year. Thirty-five new patients were seen, and there was a total of ninety seven attendances. Failure to keep appointments at these clinics was a constant source of difficulty, and it is proposed to review their working in the coming year.

#### Social Clubs.

The three social clubs have flourished through the year.

The Good Companions Club meets one evening a week, and is organised with the help of the members of the Toc H, for expsychotic patients. It has a membership in the region of seventy.

The Friends Thursday Club, which is for neurotic patients, and is organised in association with the Society of Friends, has a membership of one hundred and ten.

The weekly evening club for mentally subnormal adults, is organised by the Training Centre Staff and is attended by approximately eighty mentally subnormal persons.

The clubs are attended both by patients living at home and in the hospitals.

The assistance given by Toc H and the Society of Friends is greatly appreciated by the Department.

#### Hostels.

In January 1963 the first Newcastle Local Authority Hostel for Psychiatric Patients opened, taking twenty-five women on a half-way house basis. As will be seen from Table VI, there were fifty-four admissions to the hostel during the year, involving forty-six women, and twenty-six of these were successfully returned to the community.

#### Training Centres.

The Jubilee Road Junior and Adult Training Centres have continued last year's trends. Increasing numbers of children and adults are referred to the Centres, and at the end of the year there was a waiting list of four adults and five children.

Contract work at the Adult Centre has continued to expand. Just over £1,500 was paid to the adult trainees during the year.

The work included the assembling of cardboard boxes, electrical connectors, the processing of washing-up liquid tops and work for the Local Executive Council.

Attempts have been made to provide adult education, using modern reading and mensuration aids. Results so far would seem to be good.

A week's summer vacation was arranged at Scarborough for both the adult and junior trainees.

A Regional Study Day for staff of training centres was held at Jubilee Road Training Centre, one hundred and ten persons attending.

#### STATISTICS.

#### Community Care.

A total of seven thousand, one hundred and eighty home visits were made in connection with the care of mentally disordered persons in the community.

TABLE I.

1963	1962	1961
7,180	6,337	3,951

#### Mental Illness.

A total of two hundred and forty-four persons suffering from mental illness were referred for care in the community, about half of these suffered from schizophrenia.

TABLE II.

Diagnosis.	St. Nicholas Hospital		Other Hospitals	Other Sources	Total
Schizophrenia	50	15		47	112
Endogenous Depression	27	-	3	16	46
Mania	1				1
Dementia	13			7	20
Huntington's Chorea				1	1
General Paralysis	3	<del></del>		1	1
Epilepsy		1		2	6
Psychopathic Personality.	25	1	5	18	49
Neurosis	2	—	1	1	4
Chronic Alcoholism	3	<del></del>			3
Drug Addiction	I	_	_	_	1
	125	17	9	93	244

Mental Welfare Officers were concerned in the following hospital admissions:—

TABLE III.

	St. Nicholas Hospital	Psychiatric Unit General Hospital	Other Hospitals	Totals
Informal Admissions	32	1	2	35
Under Section 29	27		<u> </u>	27
Under Section 25	89		1	90
Under Section 26	27		1	28
Under Section 60	1			1
Under Section 65	1			1
Total	177	1	4	182

The following table shows the number of City residents treated in St. Nicholas Hospital and the Newcastle General Hospital during the year.

TABLE IV.

	General Hospital	St. Nicholas Hospital	Totals
Admissions:  Informal Section 29 Section 25 Section 26 Section 136 Section 30 Section 60/65/72 Discharges Deaths	326 (322)	633 (427)	959 (749)
	4 ( 6)	26 (28)	30 (34)
	6 ( 14)	111 (86)	117 (100)
	— ( 1)	41 (32)	41 (33)
	6 ( 5)	10 (11)	16 (16)
	2 ( 8)	— (6)	2 (14)
	— ( —)	2 (2)	2 (2)
	345 (358)	726 (546)	1,071 (904)
	2 ( 7)	97 (88)	99 (95)

Figures in brackets represent 1962.

St. Thomas' Psychiatric Out-Patients Clinic serves as an extension into the City of the three hospitals in the area taking cases of mental disorder, the building being provided by the Regional Hospital Board. The number of City patients by sources given below, covers a five-year period.

TABLE V.

	1963	1962	1961	1960	1959
General Practitioners	210	232	235	248	319
patients	102	140	147	225	152
School Health Service			18	44	36
Probation Officers	31	20	36	38	28
Mental Welfare Officers	-	_	5	7	9
Newcastle General Hospital	—		6		9
Others	6	4	18	4	9

In addition, it must be remembered that City residents attend the Psychiatric Out-Patients Department at the Royal Victoria Infirmary, Newcastle upon Tyne, but no statistics are available from this source.

#### TABLE VI.

#### Summerhill Hostel.

Admissions = 54. Involving 46 women (5 women were admitted more than once).

Discharges = 38. Involving 31 women (5 women were discharged more than once.)

Successfully returned to the Community = 26 women.

Returned to Hospital = 5 women.

#### TABLE VII.

#### Subnormality.

(a) The number of new cases reported during the year was eighty-five, as under:—

Referred by	Subno	ormal	Sev. Subnormal		
General Practitioners Hospitals on discharge from in-treatment Hospitals—O.P. or day patient treatment. Police or Courts Other Sources Director of Education  Totals		Over 16 M. F. — 2 1 2 — 1 — 1 — 6 — 12 — 7 19	Under 16 M. F.  — —  — —  10 13	Over 16 M. F. — — — — — — — — — — — — — — — — — —	

#### (b) These cases were dealt with as follows:—

TABLE VIII.

	Over 16		Und	er 16
Community Care Admitted Training Centres Left Area Admitted to Hospital Action unnecessary	M. 22 1 — 4	F. 15 1 1 - 2	M. 10 10 — — — 20	F. 8 7 4 — 19

During the year twenty-five cases were admitted to hospitals for the subnormal, five being dealt with under Section 26 and one under Section 60, the remainder being on an informal basis. At the same time, eleven persons were discharged from hospital. At the end of the year twenty-one persons were waiting hospital admission, eleven of whom were under twenty-one.

TABLE IX.
TRAINING CENTRES.

	Junior	Adult	Total
Attendances Admissions Discharges Places provided	25 ( 33)	22,530 (18,805) 35 ( 33) 14 ( 15) 116 ( 96)	40,004 (35,017) 60 ( 66) 34 ( 36) 219 ( 194)

Figures in brackets represent 1962.



# III-SOCIAL SERVICES

INCLUDING THOSE PROVIDED UNDER
NATIONAL ASSISTANCE ACTS, 1948 AND 1951

# SOCIAL SERVICES INCLUDING THOSE PROVIDED UNDER NATIONAL ASSISTANCE ACTS, 1948 AND 1951

#### RESIDENTIAL CARE.

(Mr. H. Craig).

The provision and expansion of residential accommodation continued to be an important part of the development of the social services in the City. I am pleased to report that two further residential homes became available during 1963—the John Chapman House, a purpose-built home for 40 on the Montagu Estate, named after and opened by Alderman John Chapman as a mark of recognition of his 50 years service to the City Council and "Millmount" on Ponteland Road, adapted premises to accommodate 16 men. These however did not make available more residential places, as the expansion is being used to rundown the accommodation at Elswick Grange former Public Assistance Institution, to make possible the Committee's intention to vacate Elswick Grange during 1964.

One hundred and sixty nine persons were admitted to Residential Care, 30 were emergencies and subsequently returned to their own home, 59 were admitted from hospital.

Twenty nine residents are over 90 years of age and 34 under 65 years of age, the average age being 78.1.

There were 105 deaths and 37 persons were admitted to hospitals.

The number of elderly and handicapped persons in residential accommodation at the 31st December, 1963, was:—

	Males	Females	Total *
Residential Homes	155	207	362 (358)
Church Army Home	12		12 (15)
Free Church Federal Council Eventide Home		7	7 (7)
Provided outside the City for Newcastle City Residents by other Local Authorities	3	4	7 (7)
Various Homes run by Voluntary Organisations	6	13	19 (18)
	176	231	407 (405)

<sup>\*1962</sup> figures are in brackets.

The six voluntary and privately run homes in the City registered with the Local Authority continue to provide a total of 320 places and maintain the standard of accommodation and service requried by the Committee.

#### St. Abb's Holiday Home.

This Home continues to be very popular and 435 persons enjoyed a break there during 1963.

#### Temporary Accommodation for Persons as a Result of Storm Damage, Fire and Flood.

Six such incidents occurred. Of the persons involved, two, being elderly, were admitted to residential accommodation and alternative accommodation was found for the others whilst their homes were being repaired.

# Accommodation for Persons Evicted for Various Reasons.

The resolution of the Joint Committee of the Health and Social Services and Housing Management Committees setting up an Eviction Committee with joint representation to carry out the policy of providing emergency 3-stage accommodation became effective from mid February.

This has proved to be one of the most successful developments of providing a solution to this problem and 92 families have been provided with this type of accommodation. Further details are to be found on page 209.

### Protection of Property.

The services of the section were called upon for this requirement on 12 occasions. In addition there were 32 cases where estates were cleared following admission to homes.

# Meals on Wheels and Luncheon Clubs.

This service is now fulfilling a great need within the City, and by producing these meals in the Committee's own homes, the high standard of the meals is much appreciated by the recipients.

35,032 meals have been produced and delivered from the residential homes, 31,734 to elderly and handicapped housebound persons and the remainder to luncheon clubs.

Three hundred and twenty five persons enjoy meals delivered to their homes at a cost of 1/3d. per meal, the make-up of service being:

Persons		No. o	f Me	eals received
63	 1	day p	er v	veek
132	 2	days	,,	,,
65	 3	,,	,,	,,
34	 4	,,	,,	,,
13	 5	,,	,,	,,
12	 6	,,	,,	,,
6	 7	,,	,,	,,

Three Luncheon Clubs recently opened received 910 meals and 2,388 meals were delivered to the W.V.S. for their "Meals on Wheels" and Luncheon Clubs Service when they were unable to obtain meals from their normal source of supply.

My congratulations are extended to the Voluntary Organisations who have so speedily set up the 14 Luncheon Clubs now functioning in the City. These meals are more acceptable when taken in company—borne out by the number of applications from those wishing to participate. Every encouragement is given to organisations to increase this service.

#### **COMMUNITY CARE**

(Miss D. Haythornthwaite).

Thirteen social workers and home teachers provide a domiciliary visiting, teaching and casework service for the aged, infirm and handicapped, staff the Social and Occupational Centre and assess the need for the following services: meals on wheels, applications for residential care, holidays at St. Abbs, aids, adaptations and equipment to assist handicapped persons to overcome their disabilities.

#### 1. Services for the Elderly.

The social workers made 5,280 visits to elderly persons living in their own homes.

At the 31st December, 1963, 76 elderly and infirm persons living in their own homes were awaiting admission to residential accommodation. There were also 81 elderly people in hospital who were fit to be discharged to residential care. Many other elderly and infirm persons were maintained in their own homes by the recommendation

and provision of various services. The home help, bath orderly, health visiting and home nursing services all co-operated and gave valuable assistance without which many old people could not have continued to live in their own homes.

#### Voluntary Organisations.

The Women's Voluntary Service operate a meals on wheels service four days per week in the Fawdon, Blakelaw and Kenton areas. They run seventeen clubs for the elderly and five luncheon clubs. In 1963 they arrange for one hundred of their club members to have holidays in various parts of the country.

All applicants for a holiday at Leech's Holiday Homes were interviewed by the W.V.S. They also provided an escort service for the parties travelling to and from Leech's Holiday Homes.

An escort service is available for elderly persons attending hospital etc. One hundred persons were assisted during 1963. A chiropody service at the Blakelaw Centre treated over 500 elderly persons.

The Newcastle Council of Social Service Old People's Welfare Committee have seventeen old people's clubs affiliated to the Committee. Two luncheon clubs were opened during 1963. Their chiropody service, and voluntary visiting service, the distribution of coal, blankets and Christmas parcels continued to flourish during 1963.

The International Voluntary Students Organisation continued to paint and decorate the homes of elderly folk in the City.

# 2. Services for the Blind, Deaf Blind and Partially Sighted.

There are six home teachers and one trainee who give a comprehensive service to the blind, deaf blind and partially sighted.

Much of the social welfare work for the blind is of a complex nature, particularly in the early stages of blindness and a home teacher's supervision, assistance and encouragement is given to secure the maximum adjustment to the handicap. Among the duties of home teachers are those of bringing to the notice of all blind persons the various facilities which are available to enable then to re-establish themselves within the community and to advise and encourage them to take full advantage of services best suited to their needs.

The home teachers made 4,707 home visits to blind, deaf blind and partially sighted persons and their families.

Lessons given by the home teachers were as follows:—

	At Home	At Centres	Evening	Classes
Braille	44	114		
Moon	49			
Typing	41	_	102	
Handicrafts	30	2736	832	

Number registered blind at 31st December, 1963, was 624 (a decrease of 22 in comparison with last year's figure of 646).

The various age groups are appended below:—

Age Group	1962	1963
0 – 4	1	1
5 – 15	8	6
16 – 20	3	4
21 – 49	113	101
50 – 64	160	156
65+	361	356
Total	646	624

#### New Registrations, Blind Persons.

The total number of new cases registered during the year was 48, an increase of six on last year's figure of 42:—

The figures tabled below show that the predominant portion of new registrations are over 65.

Age Group	1962	1963
0 - 4	_	
5 – 15		1
16 – 20	1	
21 – 49	1	3
50 – 64	3	7
65+	37	37

Number of registered partially sighted at 31st December, 1963, 131 (a decrease of three in comparison with last year's figure of 134).

The various age groups are appended below.

Age Group	1962	1963
0 – 4		
5 – 15	14	12
16 – 20	9	12
21 – 49	42	38
50 – 64	26	24
65+	43	45
	<del></del>	
Total	134	131

# New Registrations, Partially Sighted.

The total number of new cases registered during the year was 11, an increase of four on last year's figure.

Age Group	1962	1963
0 - 4		
5 – 15		1
16 – 20		
21 – 49	2	
50 – 64	_	4
65+	5	6

# Education, Employment, Social and Industrial Rehabilitation.

One Newcastle hard of hearing blind girl, aged 11 years, obtained a place at Chorley Wood College, a high achievement for a doubly handicapped child.

At the 31st December, 1963, 93 blind and deaf blind persons were employed in:—

#### Employment.

	1962	1963
Sheltered Workshops	62	59
Home workers schemes	3	3
Open Employment	30	31

The occupations of blind and deaf blind persons were as follows:

Occupation	1962	1963
Basket Makers	20	19
Brush Makers	13	12
Mat Makers	7	6
Bedding and Upholsterers	18	15
Chair Seaters	2	3
Firewood Workers	2	2
Braille Copyists	2	2
Piano Tuners	2	2
Music Teachers	1	1
Teacher	1	1
Social Welfare Officers	1	1
Proprietors and Executive—Commerce	2	1
Shorthand Typists	4	3
Clerical	2	1
Telephonists	7	9
Sales Representatives	1	1
Fitters and Assemblers	1	2
Packers	1	2
Carpenters	1	1
Labourers	6	5
Domestics	1	1
Warehousemen	_	1
Miscellaneous	-	2

#### Residential Accommodation.

The total number of registered blind persons in homes or hospitals was 59, an increase of three over last year's figure of 46, and this increase was made up as follows:—

Type of Accommodation	1962	1963
(a) Residential Accommodation provided under		
Part III of the 1948, National Assistance		
Act, Viz.: Section 21		
(i) Homes for the Blind	5	3
(ii) Other Homes	21	31
(b) Homes provided under Section 28 of the		
National Health Service Act, 1946		
(c) Residential Homes other than (a) or (b)	8	2
(d) Hospitals for mentally ill	19	19
(e) Hospitals for Mentally Sub-Normal		
(f) Other Hospitals	3	4
(g) Total	56	59

#### Social and Industrial Rehabilitation Courses.

Residential courses are provided by the Royal National Institute for the Blind and during 1963 one blind women and two blind men underwent courses at the Royal National Institute for the Blind Centre at Torquay.

# North Regional Association for the Blind.

The Committee representatives have attended meetings of the General Council. Home Teachers week-end schools and conferences have been held by the Association and Home Teachers of the Department have participated.

### Voluntary Organisations.

Newcastle and Gateshead Voluntary Society for the Blind provide social activities at the Sutherland Hall, summer outings, Christmas parties, etc. They issue white sticks, make grants towards holidays, bedding for bedridden blind persons and assist with removal expenses. The Society operate a Chiropody Service and act as agent in distributing wireless sets on behalf of the British Wireless Fund for the Blind.

# National Library for the Blind.

The Library Service is very popular and provides a regular source of literature in Braille and Moon type.

# Nuffield Talking Book Library for the Blind.

The Talking Book Service continues to be well used. The demand for records and tape recordings continues to increase.

# 3. Services for the Deaf and Hard of Hearing.

#### Registration.

(a) Number on the Deaf Persons' Register at 31st December, 1963, was as follows:

Deaf without Speech	
Aged under 16	5
Aged 16 – 64	152
Aged 65 and over	25
Deaf with Speech	~~
Aged under 16	13
Aged 16 – 64	2.7
Aged 65 and over	9
	_

(b) Number on the Register of the Hard of Hearing:—

Aged under 16	18
Aged 16 – 64	26
Aged 65 and over	31

This total of 306 is an increase of 31 over last year's number of 275 deaf and hard of hearing persons.

There were 125 registered deaf persons in employment at 31st December and their various occupations were as set out below:—

Bakers	5
Basket Makers	1
Brush Makers	1
Bedding (Upholsterers and Mattress Makers)	3
Car and Garage Workers	4
Clerical Workers and Machine operators	4
Cleaners and Domestics	8
Carpenters, Cabinet Makers and Joiners, etc.	9
Carpenters, Cabinet Makers, Joiners—apprentices	1
Dressmaking, etc.	3
Engineers	1
Electrician's Apprentice	1
French Polishers	5
French Polishers—apprentice	1
Factory Workers	5
Gardeners	2
Glass Workers	2
Labourers	16
Lino Cutter	1
Optical Mechanic	1
Packers	11
Painters	1
Plumber's apprentice	1
Printing Trade	1
Shoe Repairers	14
Slaughterman	1
Tailoring Trade	19
Warehousemen, etc.	3
Total	125

This service is carried out by a social worker who, during 1963, made 1,198 visits, either to the homes of deaf persons or on their behalf to Government Departments, hospitals. In this connection 90 visits were made to prospective employers. Other duties to help the deaf include being 'on call' to interpret for deaf persons in hospitals, courts, solicitors' offices and when other essential business and personal affairs are discussed.

Three voluntary organisations for the deaf, who are grant aided by the Health and Social Services Committee, assist in the general welfare of deaf and hard of hearing persons. These organisations arrange clubs, social functions and attend to the spiritual care of deaf persons who cannot take part in ordinary church services.

# 4. Services for Handicapped Persons (General Classes).

The number of registered handicapped persons has increased by 60 during the year and the numbers registered at the 31st December, 1963 are as follows:—

Amputations	29
Arthritis and Rheumatism	42
Congenital Malformations and Deformities	46
Diseases of the Digestive and Genito-Urinary Systems, Heart, Circulatory System, etc	90
Injuries of the Head, Face, Neck, Thorax, Abdomen, Pelvis or Trunk, Limbs, Spine, etc.	28
Organic, Nervous Diseases, Disseminated Sclerosis, Poliomyelitis, etc.	164
Neuroses, Psychosis, etc.	15
Tuberculosis (non-respiratory)	12
Tuberculosis (respiratory)	7
(Asthma, Diabetes, etc.)	22
	455

#### Domiciliary Services and Casework.

The visiting, supervision and provision of special aid and adaptations has helped to secure the well being of these classes of handicapped persons, 1,013 home visits were made during 1963 and 20 aids, adaptations, etc., were made available during this period and ranged from assisting with the cost of building an extra bedroom and toilet annex in the home of a seven year old severely handicapped child to the supply of simple aids such as a hand-rail, bath seat etc.

#### Car Badges for Severely Disabled Drivers.

In accordance with the Ministry of Health's recommendation, the Community Care Section issues car badges to applicants who suffer from a permanent and substantial disability which causes severe difficulty in walking. These are usually in one of the following categories:—

Drivers of invalid vehicles supplied by the Ministry of Health.

Drivers of vehicles specially adapted for persons with defects of locomotion.

Drivers with amputations which cause considerable difficulty in walking, or who suffer from a defect of the spine or the central nervous system which makes control of the lower limbs difficult

One hundred and three of these badges have been issued to severly disabled drivers residing in Newcastle.

Medical evidence is required from each applicant before a badge is issued and care is taken to investigate the applicants' needs for parking facilities in relation to his or her handicap and employment and each application is discussed by the senior medical officer, community care section, with the general practitioner concerned.

These badges are for the purpose of identification only and confer no legal rights or privileges. The display of these badges, however, enables ready identification, both by the police and other road users and since the installation of parking meters in the City holders of these badges issued by the section and by other local authorities have been granted free parking facilities at the official parking meter bays.

## 5. Social and Occupational Centre, Princess Street.

The centre is open from 10.0 a.m. to 4.30 p.m. and 6.30 to 9.30 p.m. Monday to Friday with an average weekly attendance of 350 handicapped persons.

During 1963 four new evening classes were commenced:—

A Keep Fit class for the deaf, typing class for the deaf blind, blind and physically handicapped, in addition to the existing woodwork, general handicrafts, dancing class and youth centre for the deaf.

Another new venture was the formation of a Friday evening social club for the deaf blind which has only been made possible by the valuable help provided by a group of voluntary workers and interpreters.

Tuition is given in pulp cane basketry, seagrass, bush and cane chair seating, repairing, light woodwork, hand knitting, pottery painting, machine sewing, hand embroidery, fabric painting, toy making, all types of rug making, upholstery and leatherwork. The standard of articles produced is high and the sale of finished goods realised £502 during the year.

Social and recreational facilities are also available at the centre. Many attending the centre have no opportunity for social contacts and the centre is their only source of social rehabilitation.

# SOCIAL CASE WORK.

(Miss M. D. Clifford)

During the past year the number of persons referred for help to the Almoner's section has again increased, partly because it is the only family casework agency in the City offering a generalised casework service, and partly because of a greater recognition of social needs in the community both by other workers and by the clients themselves. In addition, the hard winter of 1962/63 and recent severe unemployment in the North East were two of the factors responsible for the increase of material distress in the area.

Referrals come from many sources and as in previous years a very diverse range of problems has been presented. Very often the original request for help is a visible sympton of general social malaise and the deeper problem may require intensive and supportive help over a long period. The close relationship that exists between the Almoner's office and general practitioners is valued as they, together with the health visitors, refer the majority of the medical social problems. Recently, many more families where there is serious illness in the home, such as carcinoma, have been assisted to face the resulting emotional stresses. With the excellent support of the appropriate voluntary agency it has been possible to help these families financially. Care of the sick, aged and handicapped in the form of convalescence, loan of equipment and chiropody has continued unabated.

The table below indicates a decrease in the number of persons sent for convalescence by the Local Authority due to the more rigid application of a medical qualification. This was planned in view of the increase in holiday homes for the aged, run by voluntary agencies in the area. Within the group assisted, the numbers of chronic invalid and aged persons granted convalescence to give their relatives a well earned rest, has notably increased.

Arrangements for convalescence were made for 356 patients, but eight cancelled their vacancies and 63 were admitted to "free" homes.

Details are given below of the diagnosis of the patients whose convalescence was arranged by the department:—

76	Diabetes	7
35	Cancer	14
6	Post Operative Debility	2
	Malnutrition	3
23	Injuries	5
8	Disseminated Sclerosis	3
25	Gynaecological Disorders	2
18	Cerebral Disorders	10
11	Disorders of Urinary System	5
15	Tuberculosis	2
6	Skin Diseases	2
19	Eye Disorders	3
10	Children's convalescence whilst mother	
1	also convalescing	33
3	Others	9
	35 6 23 8 25 18 11 15 6 19 10	7 Cancer 7 Post Operative Debility 8 Malnutrition 7 Injuries 8 Disseminated Sclerosis 9 Gynaecological Disorders 10 Cerebral Disorders 11 Disorders of Urinary System 12 Tuberculosis 13 Eye Disorders 14 Eye Disorders 15 Children's convalescence whilst mother 16 also convalescing

As in past years the section has continued to assist with the care and maintenance of unmarried mothers in mother and baby hostels when applications are made by moral welfare workers to the Local Authority. During 1963, 47 unmarried mothers were maintained by the Local Authority, and in addition a further 82 received advice and help from the caseworkers.

The figures below show that the biggest single problem the Almoner's section was called upon to deal with was that of accommodation. The work done in this field in conjunction with the Housing Department, brought to light marital and emotional problems as well as the more obvious material stresses. Large rent arrears are always a danger signal, usually heralding a deeper family problem. Re-housing has shown the need for close follow up visits in an effort to stabilise family circumstances. The section assisted in the prevention of eviction, and in after-care of evicted families.

Much is said about problem families and the measures to be taken to alleviate this social ill. The Almoner's section continues to offer long term supportive help, giving care and guidance with the problems of daily living for people who require skilled assistance in resolving material, emotional or character problems. This section tries to create an atmosphere of sympathy and understanding where the client can learn to help himself and increase his ability to solve his own problems.

During 1963, 3,049 applications for assistance were received. There were 4,657 interviews and enquiries regarding services, of this figure 3,962 were actual interviews given by the caseworkers

in the office. 995 home visits were made during the year. Below is a table of source of referral:—

#### Cases were referred by:—

322	British Red Cross Society	10
489	Women's Voluntary Service	25
77	Catholic Rescue Society	2
19	Clergy	6
10	Chiropody Clinics	211
110	Estate Agents	6
71	National Society for the Prevention of	
51	Cruelty to Children	18
26	Soldiers, Sailors and Airmons Families	
9	Association/War Pensions Office/	
2	Forces Help Society	8
32	Police/Courts/Prisons	7
7	Councillors	25
660	Solicitors	3
106	Education Department	3
64	National Assistance Board	23
40	Employers	5
4	Home Advisers	3
1	Housing Department	450
2	Housing Trust	2
1	Co-ordinating Committee	7
2	Children's Reception Centre	2
104	Ministry of Labour	1
21		
	489 77 19 10 110 71 51 26 9 2 32 7 660 106 64 40 4 1 2 1 2 104	Women's Voluntary Service Catholic Rescue Society

## Assistance Requested

Convalescence	434	Care of Aged	127
Admission to Home or Hospital	30	Care of Unmarried Mothers	129
Medical Treatment	267	Care of Children	54
Personal and Matrimonial	555	Financial	374
Material and Clothing	341	Psychiatric	54
Chiropody	320	Housing and Accommodation	568
Meals on Wheels	3	Admittance to Day Nursery	9
Domestic Help	38	Friendly Visitors	3
Loan of Equipment		Christmas Gifts	22
Employment		Nursing Care	4
Legal Aid			

# Statutory and Voluntary Agencies to which applicants were referred.

CITY DEPARTMENTS	
General Practitioners 454	
Hospitals/Clinics/Psychiatric Social	Salvation Army 32
Worker 110	Free Convalescence
Health Visitors	Councils of Social Service
District Nurses/Midwives 46	Moral Welfare Workers
Health and Social Services Department 179	Soldiers, Sailors and Airmen's Families
Invalid Loan Depot	Association/Forces Help Society 26
Home Help Section 59	Catholic Rescue Society and Society of
Mental Welfare Section 20	St. Vincent de Paul 47
Day Nursery Section 46	Poor Childrens Hostels Association 5
Education Department 9	National Society for Cancer Relief 43
Children's Department 43	Law Society
Probation Office	Inasmuch Society 7
Police 23	Marie Curie Foundation 8
Housing Department 301	Young Womens Christian Association 2
Public Health Inspectors	Clergy
Consultants 76	Private Landlords/Estate Agents 221
Home Advisers 6	Private Firms
	Solicitors
STATUTORY	National Society for the Prevention of
National Assistance Board 253	Cruelty to Children 55
Ministry of Labour	Private Benevolent Funds
Plawsworth Reception Centre 14	British Legion
Ministry of Pensions and National	Dr. Barnardo's 5
Insurance 7	Councillors, Members of Parliament,
Courts	etc 7
Prison Welfare	Voluntary Tuberculosis Care Commit-
Gas and Electricity Boards 53	tee
Royal Navy	Housing Trust
Rent Tribunal	Discharged Prisoner's Aid Society 7
	Family Planning Association
VOLUNTARY	Material Aid 103
Womens Voluntary Service	Christmas gifts 58
British Red Cross Society	Almoner's Samaritan Fund 48

The casework service offered by the Almoner's section also includes a service to persons suffering from tuberculosis and other chest conditions attending the city's two Chest Clinics. A caseworker attends the West Chest Clinic on a sessional basis and patients from the East Clinic with severe social problems are referred directly to the Almoner's section.

Patients are referred by the Chest Physicians when they recognise social difficulties, particularly those which are likely to affect the patient's reaction to his illness or hinder this recovery.

Of the 347 patients seen this year either at the Clinic, in their own homes, at the General Hospital and at Wooley Sanatorium, 331 patients lived within the Newcastle area and 16 in that part of the County which is covered by the West Chest Clinic.

The problems presented by patients were of a varied nature ranging from purely material need to long term personal problems requiring more intensive work.

#### Problems Presented by Patients

Medical	51	Employment	6
Financial	58	Care of children	
Material	34	Legal Advice	
Personal and Marital	29	Psychiatric	
Admission to hospital	23	Domestic	
Admission to homes	5	Convalescence	
Accommodation	37	Loan of Equipment	
Care of Aged	7	Meals on Wheels	
Unmarried mother	1		

As always a close liaison has been maintained with the many statutory and voluntary organisations in the City in order to assist the patients in the best possible way.

#### Patients were Referred to Agencies as follows

Consultants	30	National Assistance Board	29
Convalescent Homes	7	Children's Department	3
Almoners, Psychiatric Social Workers		Ministry of Labour	3
etc	3	Ministry of Pensions and National	
Courts/Police/Solicitors	9	Insurance	10
National Voluntary Funds	17	Private Landlords/Estate Agents	
County After Care Committees	6	Local Voluntary Services	
Voluntary Tuberculosis Care Committee	21	Private Firms	
Religious Society and Organisations	5	National Society for the Prevention of	
Housing Department	20	Cruelty to Children	1
Health and Social Services Department	23	Probation Officer	6

#### CHIROPODY SERVICE.

During 1963 this service provided by the Local Health Authority continued to expand and one of the voluntary organisations, Newcastle Rotary, decided to use their organisation in other directions and asked the Committee to assume responsibility for their clinic. Their contribution to the development of the service in Newcastle is greatly appreciated.

New clinic provision was made in Kenton, Jesmond (Osborne Road) and Wharncliffe Street; by the end of 1963 each area of the

city had a Chiropody Clinic as indicated in the following table:-

Area of City Served	Service Administered by	Place of Clinic—day— number of Sessions
Walker, Walkergate, St. Anthony's and 'house- bound' from other areas.	Health and Social Services Committee	Scrogg Road. Friday—all day.
Byker, St. Nicholas, Shieldfield, Walkergate, Sandyford	Health and Social Services Committee	Shields Road Clinic— Tuesday and Thursday evenings.
Heaton, Jesmond, Benton	Council of Social Services.	Surgery in Heaton Road, special appointments.
Jesmond.	Health and Social Services Committee.	Midwives Hostel, Osborne Road. Tuesday afternoon.
Stephenson, Benwell, Armstrong, Scotswood.	Health and Social Services Committee.	Atkinson Road—Monday evenings.
Elswick, Arthur's Hill Fenham.	British Red Cross Soc. —Mondays, all day.	Croft House, Western Avenue—Mondays, all day.
Blakelaw, Kenton, Fawdon, Montagu.	Women's Voluntary Service.	Blakelaw Clinic, Spring-field Road—Monday, all day.
Kenton	Health and Social Services Committee.	Tuesday, alternate weeks. Wednesday afternoons.
Wharncliffe Street area.	Health and Social Services Committee.	Thursday afternoons

During the year 4,344 treatments were carried out.

# MEDICAL REHOUSING.

During 1963—	
Cases considered	1,627
Priority granted	153
Recommended for transfer	99

PREVALENCE, PREVENTION AND CONTROL.

# IV-INFECTIOUS DISEASE



# THE PREVALENCE AND CONTROL OF INFECTIOUS DISEASE

(Dr. J. T. Jones)

Although the trend in all notifiable infectious disease is downward, several localised outbreaks throughout the country indicated a need for continued vigilance. It is important that a high level of artificial protection of the community is maintained and there is the need for frequent revision of procedures for dealing without breaks when they occur. In addition, because of the improvement in bacteriological and diagnostic techniques very close liaison is more than ever necessary between the Public Health Laboratory Service and the Local Authority to permit prompt discussion before deciding on a line of action.

There are several examples.—

#### (a) Measles.

The number of cases was 3,977 with one death, but during December the number of notifications increased to ten times that expected. Several general practitioners noted that cases occurred in children who were notified earlier in the year. Following consultation with Dr. Gardner, Virologist at the Royal Victoria Infirmary, infection with ECHO type virus was thought to be a possibility but an attempt to isolate the virus from the stools of six children chosen at random was unsuccessful.

It is being discussed in the Ministry of Health whether vaccination against this disease should be offered to children. In an attempt to assess the necessity for this the department agreed to help the Medical Research Council in an investigation into the incidence of the complications of the disease. This is still proceeding.

#### (b) Diphtheria.

Although no clinical cases of the diseases occurred several nasal carriers were found among children visiting the city from the London area. Consultation was necessary between the Department and the Public Health Laboratory before deciding whether or not to

offer a booster dose of diphtheria antigen to all children in that area of the city. Subsequently it was decided to treat the carriers at home and with the support of the family doctor they were kept under observation. This incident indicated the importance of maintaining a satisfactory level of community protection by immunisation.

#### (c) Typhoid Fever.

Although an adjacent local authority experienced an outbreak of the disease only one suspected case, subsequently not proven bacteriologically occurred in Newcastle upon Tyne. Nevertheless the opportunity was taken to

- (a) review procedure for contact tracing etc.
- (b) train Medical Officers and Public Health Inspectorate.
- (c) educate the public in food and personal hygiene.
- (d) advise sewer workers and members of the public going abroad to be protected against Enteric Fever with T.A.B. vaccine.

#### Poliomyelitis.

No case occurred, but following Circular 10/63 a scheme was prepared for offering a dose of oral polio vaccine to the child population in an area if a case occurs. Vaccination remains the only really satisfactory means of protection.

#### Food Poisoning.

An explosive outbreak of staphylococcal food poisoning effected eleven people who had eaten a meal two hours previously at a large cafe in the City. They became quite ill with acute vomiting, prostration and shock. Six of them required hospital admission and intravenous therapy; subsequent investigations showed that the vehicle of infection was processed peas which had been left out for approximately 24 hours in a warm kitchen, reheated and then served. The possible number of persons which could have been infected was 250.

The staphylococci which were isolated from the peas (two cans) and vomit from the patients were found to be of the same phage type. Although staphylococci were also obtained from nasal swabs of the food handlers they were of a different phage type. This outbreak illustrated (1) the danger of leaving contaminated food in conditions suitable for growth of organisms and production of a toxin; (2) the impossibility of handling this situation without

consultation between all sections of the Health and Social Services Department, the Public Health Laboratory Service and the Bacteriological Department of the Teaching Hospital to which the patients were admitted.

Apart from this outbreak there were 16 notified cases of food poisoning.

#### Whooping Cough.

The overall epidemological picture of whooping cough is satisfactory but because of the difficulties in the diagnosis of whooping cough following prophyllaxis, young siblings can be exposed to risk in the first two or three months before their immunisation programme commences.

Notification of whooping cough is now very incomplete and therefore to obtain a picture of the incidence of whooping cough in children under six months Health Visiting Staff were asked to provide information. It is pleasing to report that to their knowledge only two children under the age of six months have had whooping cough during 1963.

ADMISSIONS OF CITY CASES TO WALKERGATE HOSPITAL. 1963.

				1	
Disease	Cases	Deaths	Disease	Cases	Deaths
Diphtheria Dysentery Enteric Fever Erysipelas Gastro Enteritis. Influenza. Measles E.C.S.M. Mumps Pertussis Pneumonia Poliomyelitis Puerperal Fever Rubella Salmonella Infections Scarlet Fever Varicella Glandular Fever	4 1 1 34 3 29 6 14 52 — — 2 12		Alimentary Diseases Blood Diseases Cardiovascular Diseases Genito Urinary Diseases Respiratory Diseases Sepsis and Skin Diseases Menningitis & Encephalitis Nasopharyngeal Infections New Growths Rheumatism Tonsillitis, etc. Tuberculosis—Pulmonary Meningeal Others N.A.D. Unclassified	10 32	1

CONFIRMED CASES OF NOTIFIABLE INFECTIOUS DISEASE AND DEATHS. TABLE A.

(EXCLUSIVE OF TUBERCULOSIS).

AGES OF CASES OF INFECTIOUS DISEASE NOTIFIED AND DEATHS REGISTERED DURING THE YEAR 1963.

	1962	Deaths	 128  129
ST AL		Cases	3 6 56 8 8 8 9 4 4 75 75 75 75 75 75 75 75 75 75 75 75 75
NET	33	Deaths	
	1963	Cases	64 5 16 64 64 64 64 64 64 64 64 64
	65 and up- wards	Deaths	121
	65 and up-wards	Cases	18   1   12   1   1   1   1   1   1   1
	und r 65	Deaths	22
	45 and under 6	Cases	::: ::: ::: ::: ::: :::   £
	und r 45	Deaths	
AT AGES—YEARS	25 and under 45	Cases	
ES—}	und r 25	Deaths	
I AG	15 and under 25	Cases	:::1:::::::::::::::::::::::::::::::::::
Y.	and der 15	Deaths	
	5 al	Cases	15 15 1 4 4 330 57 1997
	nd rr 5	Deaths	::::::::::::::::
	1 and under 5	Cases	30 1 1 1 1 1 1 1 1 1 1 2242 1 1 1 34 75 2503
	Under 1	Deaths	: : : : : : : : : : : : : : : : : : : :
	Un	Cases	2 11 11 17 216
	NOTIFIABLE DISEASE		Acute poliomyelitis including polio encephalitis Acute Rheumatism (under 16 years) Diphtheria Dysentery Enteric fever Erysipelas Food poisoning Acute encephalitis Malaria Measles Meningococcal infections Ophthalmia neonatorum Pneumonia Rubella Rubella Scarlet fever Totals

TABLE B.
WARD DISTRIBUTION OF INFECTIOUS DISEASES (CITY CASES).

Total	1963	33	118	154	157	114	133	59	53	77	133	96	50	77	88	92	69	103	109	98	113			1914
Total	1963	88	276	959	271	270	292	240	156	163	276	254	185	182	262	310	251	245	162	335	131		5005	:
	Whoo	3	21	42	9	6	6	9	7	2	7	7	13	n	9	9	5	3	3	4	2		152	244
sisolus (smr	Tubero of Ila)	3	4	0	5	15	7	∞	5	m	13	11	5	7	4	10	∞	5	6	12	4	-	147	186
Fever.	Scarle	:	co	2	7	n	7	m	5	6	4	10	7	7	n	9	12	3	9	7	9		93	32
a.	Kubell	-	41	182	7	24	17	31	14	10	10	17	14	17	49	17	9	n	4	· ∞	(*	,	475	773
	Puerpe		:	:	7	:	_				:	-		:	:	:	0						5	9
.yelitis.	noiloq	:	:	•	:	:	:	•	:		:		:	:	:	:							:	m
almia. torum.	Ophtha		:			:		•	:											•	•	•		•
gococcl ons.	Menins Sitostal			-						4										:	•		7	4
.s	Measle	79	193	410	223	212	250	186	127	128	242	204	147	149	194	264	208	212	137	303	100	109	3977	208
g	italaM		•	•	•					-	1	•		•		•	•	•			:	:	_	
sitiis.	Acute Aqəən <u>A</u>		•	•	: -	4		:			•		•		:	•	•	•	0	:	:	:	-	4
gninosio	Food Po		: -	4	•	•	:		1	=	4	:	: -	4	: -	, <b>T</b>	-	٠ (٢	,	: -	<b>→</b>	<b>-</b>	16	6
.sal	Erysipe	-	-	: -	1	: -	4	•	:	•	:	:	:	: -	-	:	•	•	:	: -	<b>⊣</b>	:	2	∞
Fever.	Enteric		•	:	:	•	•	:			:	:	:	:	:	:	:		:	:	:	:	:	
ery.	Dysent		:	t c	10	, (c	, ,	1	: -	<del>-</del>	- (	1 0	٠ -	-	:	t -	1 5	13	CI C	o c	n (		64	56
eria.	<b>Diphth</b>		:	:	:	:	:		:	•	:	:	:	:	:	:	:	:	:	•	:	:	:	:
atism 16 years	Acute Rheum under			: -	<b>-</b>		:	•	:	•	: -	<b>-</b>	:	•	:	: -	<b>-</b>	•	:	:	:	:	е	9
.sinc	Pueumo	-	1 0	ע נו	. <u>-</u>	11	) <	+ <	i c	1 4	3 C	1 1	,	: "	o -		-	- 6	0	: "	<b>-</b>	m	64	75
GGAW	AAK A		M. INICHOIds	Blakelaw	Neuton	Storbangar	A masterior	Almstrong	Elswick	Vesigate	Arthurs Hill	Bellwell	Fennam	zandylolu	Jesmond	Dene	Heaton	Byker	St. Lawrence	St. Anthony's	Walker	Walkergate	Total 1963	Total 1962

#### SPECIAL SKIN CLINIC

(Dr. G. Hamilton Whalley).

Attendances at the Special Skin Clinic, Jubilee Road, were double those during the previous year. They are made by appointment whenever possible. Treatments for the family have increased largely through the follow-up of cases by health visitors, and attendances for those under 15 years (38%) were the highest recorded in clinic records.

Of 291 persons who attended in the year, 204 were males and 87 were females. 90 were treated for scabies (66% of those attending) and 101 for pediculosis (86 males). Of 141 in 27 families, 107 in 21 families attended for scabies, and 34 in 6 evicted families living in emergency housing accommodation, were treated for pediculosis. Twenty six cases (25 scabies) required a second treatment.

There were no clear seasonal fluctuations in incidence.

#### AGE DISTRIBUTION AND TYPE OF CASE.

	1050	1060	1061	1062			1963		
	1959	1960	1961   1962		Total	Scabies		culosis. -Body-l	
0-1 1-4 5-14 15+	3 27 26 278	4 5 119		6 18 17 99	16 45 50 180	14 34 42 100		2 11 7 33	

#### REFERRALS OF SCABIES AND PEDICULOSIS CASES.

	Scabies	Pediculosis
Nine family doctors	32	2
Two City Hospitals	27	5
Departmental—General	16	5
—Health Visitor follow up	89	
The Salvation Army	8	53
City Housing Department		34
Three other Local Authorities	10	<u> </u>
Self referred	4	1
Other Sources	4	1

Year	Scabies	Pedi- culosis	Others	Total	Total Treat- ments	Average No. of Treatments per patient
1956	79	462		541	631	1.17
1957	113	466		579	689	1.19
1958	58	218		278	317	1.14
1959	109	226		335	384	1.14
1960	28	96		128	139	1.08
1961	37	38		76	81	1.07
1962	101	39		140	147	1.05
1963	190	101		291	318	1.10

The good work done by the Staff is once again recorded.

# VENEREAL DISEASE

(Dr. W. V. Macfarlane).

(CONSULTANT VENEREOLOGIST).

Newcastle registrations for 1963 were as follows:—

Total number of new patients	1,335	(+18%)
Those found to have gonorrhoea	255	(+11%)
Those found to have syphilis	44	(+5%)
Males found to have Non-gonococcal Urethritis	179	(+8%)
Those who had other genital conditions requiring treatment	378	(+34%)
Those desiring reassurance	479	(+16%)

The figures in parenthesis show the percentage increase upon the previous year's statistics. Although they make unpleasant reading they are representative of the increase of venereal diseases registrations throughout the country.

Gonorrhoea still remained the commonest venereal disease and the rising incidence of this infection was due to many factors. Teenagers played a considerable part since no fewer than 28% of all new female patients were teenagers and exactly the same percentage of female gonococcal infections occurred under the age of 20 years; the corresponding figures for male teenagers were 9% and 11% respectively.

Elsewhere in Great Britain, immigrants, especially coloured immigrants, were frequently seen in venereal diseases clinics. Although their numbers were small in this Department (8% of all male gonococcal infections) they tended to default, were unhelpful and even resentful when interviewed by the Contact Tracer in the hope that their sources of infection could be located and treated.

Among other important factors which should not be overlooked were (a) the all night parties patronised by teenagers from all social classes; (b) the spreading of disease through promiscuous girls accosting men in the streets and demanding payment. From the epidemological standpoint, prosecution under the Street Offences Act was a negative procedure although the police authorities had to

take the necessary measures when such girls made a nuisance of themselves; (c) homo-sexuals; of those attending this department, 26 (82%) were found to be infected.

The Local Authority's attention is drawn to the need for exercising the utmost vigilance over, and if legislation permits, the abolition of one room apartments let off at exhorbitant rents and used for immoral purposes. Apparently when the occupants of such squalid premises could no longer pay these exorbitant rents they were put out. Furthermore, young girls of no fixed abode and seeking shelter would spend the night with a man, usually coloured, who occupied such premises.

Promiscuous females, usually irresponsible and in their teens, were the chief disseminators of disease. As always the main difficulty was the problem of locating them and giving treatment when required. Of 184 men interrogated, 82, (45%) could not give sufficient information with a view to locating their possible sources of infection. Seventy-five women who were identified, were accountable for 102 of the men who were infected. Of those 75 no fewer than 46 were brought by the Contact Tracer, to whom every credit is due for her excellent work. The remaining 29 women were brought by the men themselves. Thirteen of those men alleged they had been infected by their wives, who stoutly denied the accusation, although they all had gonococcal infection.

Twenty seven males infected with gonorrhoea subsequently exposed their wives to the risk of the disease, thereby necessitating their attendance at this department.

The reservoir of gonococcal infection in the City of Newcastle during 1963, estimated from the data available, was approximately 135 women. To the best of our knowledge slightly less than half of this total remained undiagnosed and untreated.



# CHEST CLINICS. MASS RADIOGRAPHY.

## V-TUBERCULOSIS.

CONTACT CLINICS.



						TUBER	CULOSIS.						
		PULM	ONARY.			Non-Pu	LMONARY.			Ton	FAL.		
YEAR.	New Cases Notified.	Number of Deaths.	Death Rate per 1,000 Population.	Attack Rate per 1,000 Population.	New Cases Notified.	Number of Deaths.	Death Rate per 1,000 Popula- tion.	Attack Rate per 1,000 Population.	New Cases Notified.	Number of Deaths.	Death Rate per 1,000 Population.	Attack Rate per 1,000 Population.	
1926	580	331	1.16	2.04	292	84	0.30	1.02	872	415	1.46	3.1	
1927	504	316	1.09	1.75	270	84	0.29	0.94	774	400	1.38	2.7	
1928	508	295	1.05	1.80	280	77	0.27	1.00	788	372	1.32	2.8	
1929	551	309	1.09	1.94	236	75	0.26	0.83	787	384	1.35	2.8	
1930	507	298	1.05	1.79	212	67	0.24	0.75	719	365	1.29	2.5	
1931	507	303	1.07	1.79	232	94	0.33	0.82	739	397	1.40	2.6	
1932	432	277	0.98	1.52	207	64	0.22	0.73	639	341	1.20	2.2	
1933	428	262	0.91	1.49	191	67	0.23	0.66	619	329	1.14	2.2	
1934	464	280	0.97	1.62	140	51	0.18	0.49	604	331	1.15	2.1	
1935	464	240	0.82	1.59	176	63	0.22	0.60	640	303	1.04	2.2	
1936	449	265	0.90	1.55	135	43	0.14	0.46	584	308	1.04	2.0	
1937	489	270	0.93	1.68	137	54	0.19	0.47	626	324	1.12	2.1	
1938	481	249	0.85	1.65	158	44	0.15	0.54	639	293	1.00	2.2	
1939	428	232	0.82	1.51	143	47	0.17	0.50	571	279	0.99	2.0	
1940	465	251	0.98	1.82	123	51	0.20	0.48	588	302	1.18	2.3	
1941	483	249	0.98	1.89	130	56	0.22	0.51	613	305	1.20	2.4	
1942	511	219	0.86	2.01	136	58	0.23	0.53	647	277	1.09	2.5	
1943	595	270	1.06	2.33	140	55	0.21	0.55	735	325	1.27	2.9	
1944	547	233	0.89	2.08	147	68	0.26	0.56	694	301	1.15	2.6	
1945	580	227	0.85	2.18	115	47	0.18	0.43	695	274	1.03	3.0	
1946	572	227	0.80	2.02	105	36	0.13	0.37	677	263	0.93	2.4	
1947	546	259	0.89	1.88	98	39	0.13	0.34	644	298	1.02	2.2	
1948	596	228	0.78	2.03	97	26	0.09	0.33	693	254	0.87	$2 \cdot 36$	
1949	516	222	0.75	1.75	94	24	0.08	0.32	610	246	0.83	2.07	
1950	532	183	0.62	1.81	73	25	0.08	0.25	605	208	0.70	2.06	
1951	485	1.10	0.38	1.66	71	14	0.05	0.24	556	124	0.43	1.90	
1952	430	95	0.33	1.48	64	12	0.04	0.22	494	107	0.37	1.70	
1953	476	81	0.28	1.64	68	12	0.04	0.24	544	93	0.32	1.88	
1954	430	77	0.27	1.50	55	9	0.03	0.19	485	86	0.30	1.69	
1955	373	48	0.17	1.33	68	4	0.01	0.24	451	52	0.18	1.57	
1956	341	41	0.15	1.23	68	3	0.01	0.24	409	44	0.16	1.47	
1957	287	35	0.13	1.04	59	1	0.004	0.21	346	36	0.13	1.26	
1958	298	29	0.11	1.09	45	2	0.007	0.17	343	31	0.11	1.26	
1959	221	28	0.10	0.82	24	2	0.007	0.09	245	30	0.11	0.90	
1960	204	24	0.09	0.76	30	4	0.015	0.11	234	28	0.10	0.87	
1961	178	21	0.08	0.67	28	2	0.007	0.10	206	23	0.09	0.77	
1962	149	22	0.08	0.56	37	2	0.007	0.14	186	24	0.09	0.67	
1963	117	9	0.03	0.44	30	4	0.015	0.11	147	13	0.05	0.56	



## **TUBERCULOSIS**

There was again a fall in the number of new cases of pulmonary tuberculosis; in 1963, 117 cases, 32 less than last year, were notified, giving an attack rate of 0.44 per 1,000 population (0.12 per 1,000 below the previous lowest recorded rate for the City). New cases of non-pulmonary tuberculosis numbered 30, as compared with 37 in 1962, the attack rate falling from 0.14 to 0.11.

The number of deaths from the disease dropped to 13, 11 fewer than in 1962, all but four being due to pulmonary tuberculosis; giving a death rate of 0.049 per 1,000 population (0.034 pulmonary and 0.015 non-pulmonary).

## Notifications.

During the year, primary notifications were received as follows:

Totals

2 0.00.00	*	4.45
117	30	147
Sources of notification v	vere:—	
General Practitioner	rs	
Chest Physicians		115
•		
Hospital Medical St	aff	
		147

Pulmonary Non-Pulmonary

In addition, 28 notifications (24 pulmonary and 4 non-pulmonary) were received of cases previously notified elsewhere which had moved into the City during the year.

# AGE DISTRIBUTION OF PRIMARY NOTIFICATIONS DURING 1961, 1962 and 1963.

		Age Groups												
	Under 1	and under 2	2 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 and over	Total
Respiratory—														
Males— 1961	1		2	2	2	3	16	10	18	23	23	11	3	114
1962				1		7	6	16	17	22	27	8	3	107
1963			1	2	1	6	3	13	16	15	13	6	1	77
Females— 1961	1		3	2	2	7	13	9	14	8	3	1	1	64
1962			4			1	7	9	9	7	2		3	42
1963			1	1	2	6	6	7	9	5	2		1	40
Non-Respiratory—							,							
Males— 1961				1			1	9	1					12
1962						2	2	4	1	1	2		•••	12
1963					• • •		2	7	3	1	1			14
Females— 1961				1		1		5	4		4	1		16
1962					2	1	4	9	1	5	1	1	1	25
1963	•••	•••	• • •	1	• • •	* * *	1	1	3	2	7	•••	1	16
Totals— 1961	2		5	6	4	11	30	33	37	31	30	13	4	206
1962	• • •	•••	4	1	2	11	19	38	28	35	32	9	7	186
1963		•••	2	4	3	12	12	28	31	23	23	6	3	147

## RESPIRATORY TUBERCULOSIS—PERIODS OF NOTIFICATION BEFORE DEATH.

		Deaths which occurred in these years											
	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963			
Persons not notified before													
death	11	6	9	4	4	5	7	8	5	1			
Persons notified under 1													
month	2	5	3	1	4	4	2	1	3				
Persons notified between—													
1 and 3 months	3	1	2	• • •	2	2	3	• • •	1	* 4 *			
3 and 6 months	3	1	•••	2			• • •		1				
6 and 12 months	7	1	1		1	3	1	•••	1	• • •			
12 and 18 months	5		• • •	4	• • •		•••			•••			
18 and 24 months	5	3	2	1	1		• • •	•••					
2 and 3 years	11	2	2	3	1	2	4	2	3	1			
Over 3 years	30	29	22	20	16	12	7	10	8	7			
Totals	77	48	41	35	29	28	24	21	22	9			

# COMPARATIVE FIGURES OF ATTACK AND DEATH RATES (ALL FORMS) PER 1,000 POPULATION.

	1959		1960		19	61	1962		1963*	
	Death Rate	Attack Rate	Death Rate	Attack Rate	Death Rate	Attack Rate	Death Rate	Attack Rate	Death Rate	Attack Rate
Newcastle upon Tyne England and Wales Glasgow		0·90 0·64 1·19 0·83	0·10 0·07 0·21 0·10	0·87 0·52 1·13 0·75	0·09 0·07 0·19 0·09	0·77 0·47 1·10 0·70	0·09 0·06 0·19 0·09	0·69 0·44 1·00 0·61	0·05 0·06 0·21 0·10	0·56 0·40 0·93 0·59

<sup>\*</sup> Provisional figures.

## AGE DISTRIBUTION OF DEATHS DURING 1963.

	Under 1	1 and under 2	2 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 and up	Total
Respiratory— Males				• • •		• • •			1	2	3	2	• • •	8
Non-Respiratory—  Males  Females		•••	• • •	•••				1		2				2 2
Totals			•••					1	1	6	3	2		13

## EAST END CHEST CLINIC.

(Dr. C. Verity).

That tuberculosis still remains as a viable even though diminished problem is shown by the incidence of new cases in the following table of notifications:—

# TABLE I. TUBERCULOSIS NOTIFICATIONS. (EAST CHEST CLINIC AREA).

	(LASI	CITEDI	OLII II O	~ ~/				
Respiratory 261 Non-Respiratory 61	252	176	1958 171 21	1959 160 19	127	1961 120 29	1962 126 21	1963 96 22
322	302	215	192	179	144	149	147	118
				<del></del>				
Cases per 100,000 of por	oulation 143·8	1: 98·1	87.0	80.4	64.3	66.0	64.2	52.4

Perhaps of more importance is the steady persistence of the numbers of chronic infectious cases of tuberculosis of which during the current year there have been recorded nine male and eight female new cases.

TABLE II. CHRONIC INFECTIVE CASES OF PULMONARY TUBERCULOSIS

Male.	1956	1957	1958	1959	1960	1961	1962	1963
Not seen No sputum Negative Positive	5 7 57 60	5 21 55 33	5 14 46 20	5 13 32 21	2 1 16 24	2 0 9 22	2 0 16 15	1 0 16 18
	129	114	85	71	43	33	32	35
Resistant Chemotherapy Died Transferred Off New Cases	19 102 — — —	$ \begin{array}{c} 7\\79\\8\\2\\7\\17\\2 \end{array} $	$ \begin{array}{c c} 8 \\ 52 \\ 4 \\ 2 \\ 24 \end{array} $ 30	10 20 4 1 1 14 5	$ \begin{array}{c} 15 \\ 13 \\ 1 \\ 1 \\ 29 \end{array} $ 31	11 24 6 0 17 11 7	$ \begin{array}{c} 11\\26\\6\\0\\8\\2\\5 \end{array} $	7 17 2 0 4 6 4 9
Female. Not seen No Sputum Negative Positive	1 8 25 33	2 16 26 17	5 7 18 14	5 6 21 8	3 0 5 6	2 . 0 . 3 . 6	2 0 3 5	2 0 1 12
	67	61	44	40	14	11	8	15
Resistant Chemotherapy Died Transferred Off New Cases	5 52 — — —	$\begin{bmatrix} 2\\38\\3\\3\\2 \end{bmatrix} \\ 8\\2 \end{bmatrix}$	$ \begin{array}{c} 5 \\ 27 \\ 3 \\ 0 \\ 14 \end{array} $	$ \begin{array}{c} 3\\15\\2\\1\\3\\2 \end{array} $	4 7 1 1 27 19 1	$ \begin{array}{c} 4 \\ 5 \\ 0 \\ 0 \\ 4 \\ 4 \end{array} $	$\begin{pmatrix} 4\\3\\1\\0\\2 \end{pmatrix} 3$	$ \begin{array}{c} 2 \\ 10 \\ 1 \\ 0 \\ 1 \end{array} $ 2 1 8
Total	196 (93)	175 (5)	129 (34)	111 (29)	57 (30)	44 (28)	40 (14)	50 (9)

Some of these new cases are credited in the year under review partly because of clerical omissions in the previous year and probably also because of the rising standard of bacteriological investigations for the assessment of activity of these new cases was bacteriological, not radiological. This position may appear to change for the worse in the near future for cultures are now being left for a total of eight weeks before reading. During the current year the following bacteriological investigations have been carried out for patients at this Clinic:—

TABLE III.

1963	Sputum to Public Health Laboratory for Culture	Laryngeal Swabs to Public Health Laboratory	Sputum—Chest Clinic Examinations
January February March April May June July August September October November December	105	102	250
	80	83	192
	85	68	203
	62	51	131
	92	81	225
	74	64	167
	73	91	157
	68	19	132
	52	52	96
	89	111	216
	83	74	193
	66	59	155

In the Year 1963, 929+855=1,784 Cultures which gave 286 Tb+(93 patients) 13 of these were Laryngeal Swab Cultures (10 patients).

It will be seen that of 855 Cough Pharyngeal Swabs cultured, 13 showed Tubercle Bacilli (10 patients). This yield is somewhat higher than in previous years; this method of investigation applied as it is to those who deny both cough and sputum, is proving its worth.

## Cancers.

The number of cases of carcinoma seen at the Clinic continues at approximately the same level.

TABLE IV.

	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Bronchial Carcimona	15	36	60	64	60	74	73	85	93	93

and it is most distressing to feel that as yet we are little or no nearer to effective means of treating them.

## Chronic Bronchitis.

A large proportion of the work at the Chest Clinic continues to be in association with Chronic Bronchitis and its concomitant complications; during the last 10 years the following numbers of such cases have been seen:—

TABLE V.

	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Chronic Bronchitis	99	126	175	198	321	393	457	451	370	489

Some progress may well develop in dealing with this common condition in the foreseeable future but at present all we can hope to do is to control the infective episodes and advise patients to avoid sources of bronchial irritation such as smoking that are not essential to an urban existence.

## WEST END CHEST CLINIC

(Drs. E. A. Spriggs and J. R. Lauckner).

There are fewer people in Britain with infectious tuberculosis than formerly, and fewer children are being infected with tubercle bacilli. It may be possible in due course virtually to eradicate tuberculosis here. We shall never do this, however, if immigrants come into this country with either known or unknown active tuberculosis. Almost equally serious is the arrival in this country of a person who, not having active tuberculosis at the time, has occult tuberculosis infection and may develop active disease later.

It would seem sensible to deny immigration to anybody without a recent satisfactory chest x-ray report, either from the country of origin or the port of entry. The problem of "tuberculin positive" immigrants without active disease is less straightforward. It would certainly help if family doctors could persuade immigrants to come to chest clinics for x-ray examination and tuberculin testing, followed by B.C.G. vaccination where applicable.

## MASS RADIOGRAPHY.

(Mr. L. Pegg)

Table I summarises the work carried out in the City by the Newcastle Mobile and Static Units and the Regional Caravan Unit. 47 Industrial and commercial establishments were visited, with neighbouring firms being included whenever possible, and two centres were utilised in the centre of the City from which to X-ray employees of shops, offices, etc. Contact visits were paid to four

establishments at the request of the Medical Officer of Health and/or chest physicians. General Public sessions were held at four locations in addition to a Special Street Survey of the Kenton/Fawdon Area and a visit to the Newcastle Summer Exhibition at Exhibition Park. The static unit continued to operate throughout the year at the Newcastle General Hospital for selected groups such as doctors' referred patients, hospital staff and so on, and in addition members of the general public and employees from numerous firms also utilised the facilities. Special arrangements were made for employees in catering trades, hotels, etc, to attend and works contacts from six firms were X-rayed at the request of the Medical Officer of Health.

Table 2 summarises the General Practitioners' referred cases.

It should be noted that the number of active cases of tuberculosis discovered is a provisional figure; diagnoses relating to a number of cases referred to chest clinics are still awaited.

TABLE 1.

WORK CARRIED OUT IN THE CITY OF NEWCASTLE UPON TYNE

Examinee Groups Doctors Patients Chest Clinic Contacts. School Children (Tuberculin Positive) General Public. Industrial Groups Hospital Staff (Nursing) Hospital Out-Patients and In-Patients Smokers Clinic	No. X-Rayed 7,985 419  555 8,517 33,390 821  793 55	Referred to Chest Clinics 565 11 3 155 295 6 22 4 1 061	Active Cases 41 2 1 18 28
Smokers Clinic	52,535	1,061	90.
			1·7 per 1,000

TABLE 2.

SUMMARY OF GENERAL PRACTITIONERS REFERRALS

Year	Nos. Referred	Active Cases	Rate per 1,000
1960	7,750	73	9·4
1961	7,883	78	9·9
1962	8,056	60	7·4
1963	7,985	41	5·1

## TUBERCULOSIS IN CHILDHOOD.

(Dr. Mary D. Thompson)

Nine children were notified as suffering from tuberculosis in 1963 and eight of them were admitted to hospital (Table I). Four of these, all from one family had probably been infected by their father shortly before his death; three of them had simple primary infections and one a pleural effusion. Two other children were brother and sister infected by their father. The seventh child, a girl, was infected by her maternal grandmother's brother's wife with streptomycin resistant organisms but was treated with I.N.H. and P.A.S. and made good progress. The eighth child had miliary tuberculosis and his infector was never found. All these children came from very poor social circumstances. The ninth child, an Indian girl was found to be tuberculin positive when tested routinely at school and on examination was found to be suffering from a pleural effusion; she was treated entirely at home. For the fifth successive year there was no case of tuberculous meningitis in a child in the city, and for the fourth year none of chronic pulmonary tuberculosis.

The incidence of infection at routine testing at five years of age was less than 1% and half were already under supervision (Table II). Among the thirteen children found to be tuberculin positive and not already under supervision was one child with an active primary lesion, two with healed lesions and in ten the age of infection could not be definitely determined: two of these were Pakistani children. Of these thirteen children one had a Grade 4 Heaf reaction, six had Grade 3 reactions, one had a Grade 2 and five had Grade I reactions and were tuberculin positive to 10 T.U. intradermally. A further 17 children were at first thought to be tuberculin positive because they had Grade 1 Heaf reactions but all were Mantoux negative to 10 T.U. intradermally and had normal x-rays. A further 16% of those tested were tuberculin positive following B.C.G. vaccination.

The incidence of infection at routine testing at 9-10 years was 2.4%; thus between testing at 5-6 years in 1958-1959 and testing again at 9-10 years in 1963 less than 1% had undergone tuberculin conversion. Among the 29 children found to be tuberculin positive at 9-10 years, three had active primary lesions and were given chemotherapy. Sixteen had not previously been tested, four because they were new arrivals to the city and the others because they were absent or refused consent at the time of earlier testing. Among these 16 were two children with healed infections. A further 11.6% of

children tested were tuberculin positive following B.C.G. vaccination.

At 12-13 years of age 15% of those children tested were tuberculin positive. This figure includes those previously vaccinated with B.C.G. and also those who gave only a Heaf grade 1 response. It has not been practicable to check how many of these children really had had B.C.G. vaccination nor how many with Grade1 reactions were Mantoux negative but the proportion naturally tuberculin positive must be very much less than this and is probably nearer 8%.

The work of the Children's Tuberculosis Contact Service is summarised in Tables III and IV. Only 12 of the 1,179 children under five years of age seen for the first time in 1963 were tuberculin positive. These included one child from the County area who was admitted to hospital with tuberculous meningitis having been infected by her father, the child already mentioned who was admitted to hospital with miliary tubercle and three children infected before coming to Newcastle. Five of the 12 were examined as contacts and two were found tuberculin positive at routine testing in child welfare centres; the mother of one of these was found to have active tuberculosis but the infector of the other was not found. Among the contacts of newly diagnosed patients, only 3.4% were tuberculin positive in 1963 compared with 5% in 1962, 7.6% in 1960 and 12% in 1955 (Table IV).

During 1963 the supervision of more contacts af school age has been undertaken in the Contact Clinic and since July no clinic session for children has been held at the West Chest Clinic. This means that now all contacts under 5 years of age and the vast majority of those aged 5-15 years are seen and supervised at the Contact Clinic, all records are there and epidemiological studies will become more complete.

In all, 31 children under 15 years of age were treated with chemotherapy at home and supervised at the Contact Clinic during 1963, 9 under 5 and 22 over 5 years of age.

#### TABLE I.

The Number of Notifications of Tuberculosis (all forms) and of Tuberculosis Meningitis and the number of Tuberculosis Deaths in those Aged 0—14 Years in Newcastle 1950—1963.

	1950	1953	1955	1957	1959	1961	1962	1963
Notifications:								
All forms	91	69	49	40	17	17	8	9
Meningitis	13	7	7	4	0	0	0	0
Deaths—All forms	13	4	0	0	1	0	0	0

TABLE II.

THE RESULTS OF ROUTINE TUBERCULIN TESTING IN SCHOOLS 1954—1963.

	1954	1957	1959	1961	1962	1963
'Leavers' age 13—14						
% Tested	0	71	65	67	68	68
Number Tested	3,034	2,339	2,501	2,872	3,070	2,901
% Positive*	45	26	17	18	18	15
'Juniors' age 9—10	-					
% Tested	0	52	74	81	80	78
Number Tested	0	2,314	3,096	2,973	2,897	2,909
% Positive	0	10*	11*	5	3.2	2.4
'Infants' age 5—6						
% Tested	0	67	74	76	71	75
Number Tested	0	3,111	3,086	3,280	3,213	3,473
% Positive	0				1.2	0.75

<sup>\*</sup> includes those previously vaccinated with B.C.G.

#### TABLE III.

The Number of Children under Five Years of Age seen and the Number Found to be Tuberculin Positive 1941—1963

	1941	1945	1949	1953	1959	1961	1962	1963
Number seen	63	139	277	577	1,206	1,215	1,007	1,179
Number Tuberculin	26	10	(2)	70	10	2.4	1.0	10
Positive								
% Positive	41.3	33.1	22.4	13.7	1.5	2.0	1.6	1.0

#### TABLE IV.

The Number of Children under Five Years of age seen as Contacts of Newly Diagnosed Patients 1952—1963.

	1952	1955	1959	1961	1962	1963
Number seen						
Number Tuberculin Positive	41	27	9	11	9	6
% Positive	29.8	12.4	2.9	4.9	5.0	3.4

#### TABLE V.

THE NUMBER OF B.C.G. VACCINATIONS IN NEWCASTLE 1952—1963.

	1952	1953	1955	1959	1961	1962	1963	
Chest Clinics	22	93	220	235	156	181	88	
Contact Clinics	92	219	527	950	912	899	935	
Newcastle General Hospital — (Maternity Department) Princess Mary Maternity	170	114	142	258	158	160	184	
Hospital	0	37	133	183	295	209	294	
Total Contacts	284	463	1,022	1,626	1,521	1,449	1,501	
School Leavers			713	2,760 28	3,542	2,441	2,429 32	
Total	284	463	1,735	4,414	5,063	3,890	3,962	

# REPORT OF THE SCHOOL MEDICAL OFFICER

## VI-SCHOOL HEALTH SERVICE

SYNOPSIS OF REPORT SUBMITTED TO EDUCATION COMMITTEE.



## SCHOOL HEALTH SERVICE

## ADMINISTRATION.

#### 1. General.

No major changes have taken place in the administration of the School Health Service during the course of the year, rather it has been a period of transition in which two systems are operating simultaneously, the older characterised by central administration being gradually replaced by a more flexible control operating at clinic level.

In January the City was divided into eight areas each of which will provide a unified child health service composed of school health and child welfare elements. In order to facilitate such a scheme, Byker and Dene wards were separated into two areas serviced by two medical officers operating temporarily from the East End Clinic. At the time of preparing this report permission has been obtained for the erection of a combined clinic at Ravenswood School which will give coverage for Dene Ward. Similar permission has been obtained for the building of a combined clinic at Atkinson Road. Both are projects of the Education Authority for which plans have been submitted to the Ministry of Education.

With the replanning of the City centre, plans have also been submitted for combined clinics at Diana Street and Shieldfield. These two clinics will eventually replace the Central Clinic in City Road and will enable parents and children to converge on two principal centres for special facilities such as ophthalmic examinations, without crossing the centre of the City.

Facilities offered in existing clinics have not altered and are detailed in the table below:—

SCHOOL CLINICS. FACILITIES AVAILABLE.

	1
Skin	
Dental	   ××   ×××
Refrac-	
Speech	××××××
Physio- therapy	**   **
Daily Dressings	××××××
Consulta- ations	××××××
Examination under Sec. 34, Education Act	×××    ×
	Atkinson Road Bentinck Blakelaw Kenton Central East End. Middle Street

At the close of the year the Health and Social Services Department had not yet occupied the quarters reserved for it in the new Civic Centre. The movement is imminent and when the premises are ready the clerical staff will move from the offices in City Road to quarters reserved for them in the Health and Social Services Department.

### MEDICAL INSPECTIONS.

The system of periodic inspections of the three prescribed age groups of children, continues in the East of the City, and substantially so in the West, where it has been modified to allow of selective examinations in the intermediate age group in the Blakelaw and Kenton areas, with arrangements for a further extension of these modifications in the Bentinck area in 1964.

Another modification of the traditional system of inspections has been introduced in the Blakelaw and Kenton areas. The inspection of infants which normally takes place during the first year in school, has been put forward to take place prior to school entry, so that schools will have knowledge of any difficulties which may be anticipated when the child commences at school.

#### NUMBERS OF PUPILS FOUND TO REQUIRE TREATMENT

Ago Group	No. of	No. of Pupils	s found to Rec	quire Treatment
Age Group (Born)	Pupils Inspected	Defective Vision	Other Conditions	Total Individual Pupils
1959 and later 1958 1957 1956 1955 1954 1953 1952 1951 1950 1949 1948 and earlier	201 2,614 2,761 258 39 20 2,943 36 5 2 1,315 1,636	65 73 9 3 2 259 4 1 — 142 178	19 237 263 26 4 2 293 1 1 1 89 83	19 256 287 29 6 4 459 4 2 1 195 229
Total	11,830	736	1,019	1,491

## NUMBERS AND TYPES OF DEFECTS FOUND AT PERIODIC INSPECTION.

	Requiring Treatment				Requiring Observation			
	Entrants	Leavers	Others	Total	Entrants	Leavers	Others	Total
Skin	64	28	50	142	163	49	90	302
Eyes—								
Vision	151	321	272	744	203	247	234	684
Squint	138	41	91	270	89	31	51	171
Other	16	3	9	28	44	25	16	85
Ears—								
Hearing	19	13	17	49	92	19	38	149
Otitis Media	15	10	3	28	117	23	31	171
Other	4	2	4	10	32	22	10	64
Nose and Throat	75	8	19	102	485	31	193	709
Speech	38	• • •	11	49	79	8	28	115
Lymphatic Glands	4			4	88	4	47	139
Heart	9	2	5	16	56	25	35	116
Lungs	24	8	15	47	141	34	57	232
Hernia	2		2	4	20	4	13	37
Congenital Defects	8	8	11	27	130	25	77	232
Orthopaedic—								
Posture	7	7	9	23	28	14	36	78
Feet	73	15	52	140	138	42	95	275
Other	97	35	47	179	187	74	116	377
Epilepsy	2	1	1	4	13	8	6	27
Neurological	7	• • •	7	14	43	6	20	69
Mental Development	1	• • •	9	10	25	8	25	58
Emotional Stability	5	1	11	17	141	26	59	226
Abdomen	9	2	3	14	26	•••	26	52
Miscellaneous	3	3	4	10	8	16	1	25

## Medical Rooms.

In former times facilities for more detailed clinical work were not available on school premises, but since 1946 a number of schools have been replaced by modern buildings which include a medical suite. Of 60 Primary Schools, 15 now have a medical inspection room, one being added during the year. In this connection reference should be made to the Report of the Director of Education on The Organisation of Secondary Education in the City on comprehensive lines which recommends the absorption of many existing schools into a smaller number of larger schools with modern buildings and up to date medical suites. During the year Kenton Secondary School increased its numbers to 1,181 and St. Augustine's School with 602 pupils on the roll was opened in September. It seems probable that, with the larger number of pupils under one roof, it will be possible to organise the inspection and supervision of pupils with greater economy of the medical officers and nurses time. In

the making of these arrangements, possible changes in the City boundary have been taken into consideration.

A final reference to the collection and compilation of the statistical material contained in this Report might not be out of place here. Statistics serve a threefold purpose, namely, to supply information for this report which is obligatory under the School Health Services Regulations, and for the making of returns which are annually required by the Ministry of Education. They are also of vital importance to those who are responsible for the direction of the service who need to know what forms of work are being carried out, and what are the requirements of each, in order that the resources of staff be made effectively available to meet current demands.

The system of collection necessarily begins at clinic level by medical, dental and nursing officers and by speech and physiotherapists. Returns are made to the central office usually each week, where they are summated for the Senior School Medical Officer's Report to the School Health Service and Child Care Sub-Committee. Annual figures are derived from the material contained in these monthly reports.

## Inspection of Pupils

The numbers of pupils inspected by medical officers were as follows:—

## A. Periodic Inspections in Maintained Schools.

Entrants	5576
Intermediates	2943
Leavers	
Other Ages	

The findings at Periodic Inspections were as follows:—

The Physical Condition of Pupils.

Nursery and Pre-School	97.01% satisfactory
Primary— 5 years	99.58%,
- ,,	99.57%,,,
9 ,,	100.00%, ,,
10 ,,	99.56%,,,
Secondary—14 years	99.92%,
Over 14 years	99.82%,

## Periodic Inspections in Independent Schools.

School	Age Group	No. Inspected
Church High	5, 8 and 12	121
Convent of the Sacred Heart		
Grammar	16	67

В.	Re	-Inspections	1,298		
	Sp	ecial Inspections in Schools	184		
~	0				
C.	U	ther Special Inspections.			
	(i)	Inspection for Freedom from Infection 783			
	(ii)	Examination for Employment of Pupils out of school hours			
	(iii)	Examination of Children and Young Persons proceeding to Remand Homes			
	(iv)	Examination of children taken into Care of Local Authority			
	(v)	Annual Re-Inspection of children in Care of Local Authority			
Inf	est	ation with Vermin.			
	(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons			
	(b)	Total number of individual pupils found to be infested			
	(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)			
	(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)			
Ex	ami	ination of Adults.			
T	Zwan	ainstian of narrounal appointed to the staff of the	Local		
Edu	ucat:	nination of personnel appointed to the staff of the ion Authority and examination of staff in connection is now undertaken by the Local Authority's Occupation.	n with ational		
		Scheme. The work is undertaken by all medical of			
		now more properly a function of the Health and			
		s Department. Teaching staff and Teachers Tree students, however, remain an educational function	•		
	_	rs examined were :—	. THE		
	Examination of Teaching staff on appointment 268				
		Examination of Teachers Training College Entrants			

Examination of students at Teachers Training Colleges at Completion of Course .......... 90

## TREATMENT-MEDICAL.

School Clinics continue to be well maintained in repair, decoration, furnishing and equipment.

The trend continues for minor medical treatment to be given in schools rather than in clinics. This has been an advantage in that children are saved a journey to the Clinic during school working hours, and teachers are relieved of anxiety for the safety of pupils on the roads in transit. Nevertheless there is an increasing difficulty to induce parents to attend School Clinics with their children during the term and in holiday periods. One reason for this is that an increasing number of mothers are undertaking work outside the home in order to implement the family income.

#### A. Attendances at Clinics.

The number of pupils seen by the medical officer or nurse in clinics were as follows:—

(i) School Clinics. Atkinson Road	1,949
Bentinck	808
Blakelaw	683
Central	351
East End	1,969
Kenton	2,059
Middle Street	1,236
(ii) Accessory Clinics.	
Ashfield House	290
Brinkburn Street	363
(iii) Clinics on School Premises.	
Number of Clinics	18
Total Sessions per week	34
Total Pupils Attending 1963	11,688
The work in School Clinics.	
Consultations by Medical Officers	

## B.

Consultations by Medical Officers.

Ashfield House	130
Atkinson Road	470
Bentinck	348
Blakelaw	251
Central	286
East End	861
Kenton	505
Middle Street	421

## Return of Work in School Clinics by School Nurses.

Defect or Service	Number of Children	Total Treatments
Skin—Septic	3,403	9,098
Scabies	68	136
Ringworm	17	40
Other		4,464
Ear Conditions—	1,000	1,101
Wax in Ears	67	106
Discharging Ears		943
Eye Conditions—	0.2	
Conjunctivitis	84	365
Other External Eye Conditions	372	657
Spectacles	477	148
Vision Tests	408	121
Tonsillitis	60	33
Acute Infectious Fevers	8	5
Injuries	1,808	2,623
Malaise	234	191
Follow-up Inspections	1,522	154
Head Inspections	248	208
Cleansing	323	1,249
F.F.I.'s and Manual Workers	1,774	245
Miscellaneous	2,786	1,910
Total	15,554	22,696

Inspections performed by Nurses.

Hygiene Inspections	56,417
Head Inspections	34,493
Follow-up Inspections	2,154

## C. The Work in Clinics on School Premises.

Defect or Service	Number of Children	Total Treatments		
Skin—Septic	3,502	6,321		
Scabies	2	7		
Ringworm	3	2		
Other	2,314	3,994		
Ear Conditions—	2,514	3,774		
Wax in Ears	40	51		
Dischanging Tons	52	143		
Discharging Ears	32	143		
Eye Conditions—	20	40		
Conjunctivitis	38	43		
Other External Eye Conditions	306	434		
Spectacles	32	12		
Vision Tests	328	232		
Tonsillitis	15	8		
Acute Infectious Fevers	5	3		
Injuries	1,053	1,690		
Malaise	40	48		
Follow-up Inspections	2,108	493		
Head Inspections	634	253		
Cleansing	48	665		
F.F.Is. and Manual Workers	2	8		
Miscellaneous	1,166	1,029		
141150011a1160tt5	1,100	1,029		
Total	11,688	15,436		
Total	11,000	13,430		

## D. Duties Performed by School Nurses outside Clinics.

#### Home Visits:

For Hospitals	11
For Inspection of Home	61
For Other Reasons	1,263
Children Escorted to Clinics or Hospitals	224
Children Escorted to and from Residential	
Schools	128

## SPECIAL CLINICS

## 1. Ophthalmic.

The Ophthalmic Clinics have continued to work on the same lines as in previous years. Three Ophthalmic Medical Practitioners devote among them five sessions per week—four at the Central School Clinic and one at Middle Street. One School Medical Officer continues to undertake refraction work at Middle Street and one at Bentinck.

(i) The number of children who received a full ophthalmic examination was:

New Cases	637
Old Cases	935
The number for whom glasses were prescribed	987
The number referred to hospital following examination	92
The number on the waiting list at the end of the year	473

In addition children were examined outside the Service as follows:

Examined	at Hospital	167
Examined	by Ophthalmic Optician	200

(ii) The Dispensing of Spectacles.

The number of children who obtained Spectacles	1,289
The number of Spectacles repaired or replaced	1,066

During the year the Supplementary Ophthalmic Services Committee was approached with a request that Form O.S.C. 10, authorising an optician to proceed with the replacement or repair of Spectacles, might be signed on behalf of the Education Authority by a medical officer, school nurse or head teacher. This was done in order to save some parents a journey to a school clinic for this purpose. The scheme throws some responsibility upon school staffs, and experience has so far shown that they are at a disadvantage in handling the task.

A sum of £290 3s. 1d. was charged to this Authority in respect of Spectacles which, in the view of the Supplementary Ophthalmic Services Committee, required repair or replacement as a result of negligence.

## 2. Hearing Assessment.

During 1963 the work of the Hearing Assessment Clinic was maintained on the lines of the previous years. Extra sessions enables assessment and reviewing to be carried out more promptly, and the waiting list was kept to a minimum.

The following statistical summary of the past three years work tells its own story:—

		1961	1962	1963
A.	Number of Audiometer Tests	322	337	288
	(a) New Cases	224	143	211
	(b) Reviews	98	195	77
В.	New Cases attending Clinic.  (a) Cases Reviewed:—			
	In Special Schools	11	8	8
	In Ordinary Schools	112	172	77
	(b) Cases Discharged	93	221	169
C.	Number of Cases Referred to:—			
	(a) Hospital or General Practitioner	25	151	132
	(b) Speech Therapist	4	14	1
D.	Handicapped Pupils.			
	(a) Ascertained	4	5	5
	(b) Reviewed	4	3	4
E.	Number of Pupils on Register issued with			
۰ لساد	Hearing Aids	38	50	39
	Number followed-up and reported on	26	26	23
-				
F.	Number of Hearing Aids issued (not on Register)		14	
G.	Number followed-up after leaving school	3	1	

Owing to the difficulty experienced in obtaining a qualified teacher for the Senior Hard of Hearing Unit at Cowgate School, it was regrettable that the class had to be disbanded and the equipment put in storage.

At the end of the year the Committee kindly supplied a new Peter's Audiometer, which is proving very successful.

By kind invitation of Mr. F. W. Hockenhall, Headmaster of the Northern Counties School for the Deaf, I was enabled to visit his School and view the Nursery, and also discuss with him the measures necessary for successful liaison.

#### Audiometry and the follow-up of Hearing Aids.

Hearing Assessment Clinics in 1963 were on the whole well attended.

Seven children have been issued with hearing aids during the year, and six children have had them withdrawn.

The pupils from the Hard of Hearing Class at Cowgate School have had Audiograms done.

All hearing aids have been followed-up and reports sent to Mr. Munro-Black.

Nurses Hope and Tomlinson have trained been in Audiometry and have since assisted at Hearing Assessment Clinics.

## Special Class for Hard of Hearing.

## The Primary Partially Deaf Unit.

The Unit has had its full quota of pupils again this year. The attendance continues to be excellent. All the children have made some progress.

The Group Hearing Aid has been most beneficial to the children who have a great loss of hearing.

As a whole the speech in the Unit is greatly improved.

## 3. Orthopaedic.

From the clinical point of view there has been no change in the last few years. The same complaints occur from the surgeons point of view about footwear. The department is better off because there is an additional Consultant Surgeon available to do one clinic a week, but unfortunately there are too few physiotherapists to carry out the necessary treatment.

#### STATISTICS FOR THE YEAR.

			Maternity
		School Medical	and Child Welfare
1.	Attendances.	Service	Service
1.	New Patients—Boys	462	210
	Girls	378	152
		840	362
	Total number of attendances at Surgeons Clinics	2,220	976
	Waiting List	691	178
2.	Discharges.		
	Admissions to Sanderson Orthopaedic Hospital	85	15
3.	Physiotherapy.		
	Total number of attendances at Physiotherapy	12.040	2.000
	clinics	12,048	3,808
	Special Therapies given to Orthopaedic Clinics	6,881	755
	Massage	33	26
	Manipulations  Madical Floatricity	1,230	1,313 317
	Medical Electricity	2,578 73	5
	Radiant Heat	264	10
	Ultra Violet Light Plasters	204	10
	Home Visits (manipulations for congenital foot		1
	deformities)		9
	Non Orthopaedic.		
	Chest Conditions Patients	95	
	(Asthma, Bronchitis and Bronchiectasis)	710	
	Treatments	719	
4.	Other Information.		
	Number of Children requiring X-ray	43	19
	Photographs	13	
	Number of surgical appliances (supplied and	2 721	1 440
	maintained)	2,721	1,448

## 4. Skin Clinic.

The main conditions treated in the skin clinics were plantar warts, athletes foot, and eruptions produced by mites and insects, which are picked up by children playing on demolition sites. These parasites are in certain countries recognised vectors of disease, and although there has been so far no indication of their behaving in this way in the City, the situation calls for vigilance.

The number of cases handled during the year was as follows:—
Total Attendances at the Clinics 809
New Cases—Ringworm—Scalp 3
Body 3
Plantar Warts 285
Other Cases
No. of Cases under Treatment, December
1963
5. Asthma Clinic.
This clinic continues to operate on similar lines as in previous
years. With the loss of Dr. Taylor's services at Pendower Hall a
number of chest cases other than asthma have been seen at this
clinic. The numbers of children examined was as follows:—
Number of Cases under Supervision
New Cases seen in 1963
Cases Discharged
Total Attendances 110
Cases were referred for medical investigation and treatment:—
Orthopaedic Surgeons
Ear, Nose and Throat Surgeon
Hearing Assessment
General Practitioner
Chest Physician
Cases were recommended special educational treatment:—
Residential Open Air School
Residential Hospital School
Day Open Air School
The condition of children on discharge was as follows:—
Asymptomatic 4
Improved
Unchanged
Deteriorated and admitted to Hospital 1
Died 1
Children were discharged from special schools as follows:—
Day Open Air School 4
Residential Maladiusted School

Residential Maladjusted School .....

## REPORT OF THE SCHOOL DENTAL OFFICER

(Dr. J. C. Brown)

#### Staff.

Several resignations were received from the part-time professional staff during the year but only one full-time officer, Mr. Foster, resigned his appointment. He was replaced by Mr. Dixon and a further full-time dentist, Miss Day, was appointed towards the end of the year. Two other officers were engaged on a sessional basis so that the work of the service was little affected over the year, the staff being almost fully up to establishment during the year.

An innovation was the appointment of a Dental Auxiliary worker, Miss Pace. Her duties are both clinical and instructive on matters of dental hygiene and her novel methods of teaching and approach to the younger children made a considerable impression in the Infant departments, where her visits were illustrated by films and working models.

## Dental Inspections.

Some 40,000 children were dentally examined during the year, at school and in the clinics and half this number was found to be in need of treatment. Nearly all schools were visited by an examining dental officer in the course of the year and the few that could not be inspected will be seen early in the new year.

## Treatment.

Figures for conservation of both dentitions were up by more than 10% on those for the previous year, and more important, the ratio of permanent teeth filled to teeth extracted rose from approximately 1 to 1 for 1962 to 3 to 1 for the present year.

Some credit for this improvement must be given to the installation of air-turbine drills in some of the clinics and their provision in all clinics should not be delayed.

Extractions were carried out mostly under general anaesthesia and the daily "Gas Session" at the Central Clinic for emergency extractions was well attended, averaging six per session.

Some 100 children were fitted with artificial dentures but in nearly every case these were for the replacement of only one or two teeth and no children needed to be supplied with full dentures.

Over 2,000 children received orthodontic treatment during the year, of whom about 350 new cases required to be fitted with regulating appliances. This work was carried out mainly at the Central Clinic.

X-ray diagnosis and other work requiring laboratory facilities was undertaken at the Central Clinic and arrangements for consultant advice and treatment where necessary at the Sutherland Dental Hospital were satisfactory.

Figures for the year are as follows:—

	-5	j sail all all all all all all all all all	
(a)	Den	tal and Orthodontic work.	
	(i)	Number of pupils inspected by the Authority's Dental Officers:—	
		(a) At periodic inspections       36,154         (b) As Specials       2,875	39,029
	(ii)	Number found to require treatment	21,607
	(iii)	Number offered treatment	7,031
	(iv)	Number actually treated	5,061
(b)		ntal work other than Orthodontics.	
		Number of attendances made by pupils for treatment, excluding those recorded at (c) below	17,454
	(ii)	Half days devoted to:—	
		(a) Periodic inspections (School)	4,356
	(iii)	Fillings:	,
	•	(a) Permanent teeth 8,709	
		(b) Temporary teeth	10,694
	(iv)	Number of teeth filled	10,051
	()	(a) Permanent teeth	
		(b) Temporary teeth	9,261
	(v)	Extractions:	<i>)</i> ,201
	( )	(a) Permanenet teeth	
		(b) Temporary teeth	0.154
			9,154
	(vi)	<ul><li>(a) Number of general anaesthetics given for extractions</li><li>(b) Number of half days devoted to the administra-</li></ul>	4,067
		tion of general anaesthetics by:	
		A. Dentists	
		B. Medical Practitioners 630	5,327
	(vii)	Number of pupils supplied with artificial teeth	95

(viii) Other operations:	
(a) Crowns	
(b) Inlays 1	
(c) Other treatment	
(c) Orthodontics.	4,602
(i) Number of attendances made by pupils for orthodontic treatment	1,983
(ii) Half days devoted to orthodontic treatment	487
(iii) Cases commenced during the year	145
(iv) Cases brought forward from the previous year	1,922
(v) Cases completed during the year	37
(vi) Cases discontinued during the year	12
(vii) Number of pupils treated by means of appliances	339
(viii) Number of removable appliances fitted	336
(ix) Number of fixed appliances fitted	5
(x) Cases referred to and treated by Hospital Orthodontists	0

# HANDICAPPED PUPILS. TREATMENT—EDUCATIONAL

Arrangements for the provision of educational treatment have been the same as those of previous years with three exceptions, namely:—

- 1. The Senior Class for Partial Hearing pupils was closed.
- 2. Remedial Classes were increased from two to four—additional classes being provided in Hilton and Ravenswood.
- 3. Headlam Junior Day E.S.N. School for Boys was provided with more up-to-date accommodation at Hilton Primary School.

More recently there has been a marked increase in the numbers of children reported to the Department by schools who are retarded scholastically, but of average or near average ability.

During the year discussions were held in order to find ways by which handicapped young people might be informed of the facilities offered by the welfare section. It appeared that all but epileptic and physically handicapped young people were afforded after care of one sort or another. More recently the Senior School Medical Officer and Senior Medical Officer (Geriatrics) have devised an approach to the closing of the gap between the school and adult services.

The following statistical summary of the work of the Service takes the form of preceding years. Tables, as previously, take no account of multiple handicaps, cases being allocated to the primary handicap.

#### 1. Ascertainment.

PUPILS EXAMINED AND CLASSIFIED—EDUCATION ACT 1944, SECTION 34(i).

Category.		imber of Pupils	
Category.	Examined	Classified	
Blind Partially Sighted Deaf Partial Hearing Educationally Subnormal Epileptic Maladjusted Physically Handicapped Delicate	1 4 3 2 270 3 10 24 18	1 4 3 2 198 3 9 22 16	',
Pupils otherwise reported upon were:—  (i) Decision deferred		. 38	
(ii) Not recommended as needing special educ			
(iii) Responsibility accepted for pupils ascerta			

# 2. Special Educational Treatment Recommended —Education Act Sect. 33.

The Local Authority ascertained that the following pupils required special educational treatment and directed that it be provided:—

Special School—Day	96
Residential	22
Ordinary Schools—Remedial Classes	96
Home Teaching	5
Further Education	1

## 3. Treatment Provided.

# A. CHILDREN PLACED IN SPECIAL SCHOOLS—EDUCATION ACT, SECTION 34.

Category	Day	Residential
Blind		2
Partially Sighted		
Deaf		1
Partial Hearing		
Educationally Subnormal	48	16
Epileptic		1
Maladjusted	2	6
Physically Handicapped	15	3
Delicate	15	1

## Children provided for under Section 80, Education Act 1944.

Four pupils are being educated on medical recommendation in residential schools of grammar school status, as normal pupils. A grant in aid has been made by this Authority in respect of each.

The numbers of pupils awaiting admission to Special Schools at the end of the year were:—

Day Special Schools	45
Residential	27
(A firm offer of admission has been secured for 10).	,
Remedial Classes	49

#### B. NUMBERS OF PUPILS BEING EDUCATED IN SPECIAL SCHOOLS

Category	Nursery	Day	Residential	Grammar
Blind	1	1	4	2
Partially Sighted		15	1	
Deaf	6	24	5	1
Partial Hearing		10	1	
Educationally Subnormal		308	57	
Epileptic		3	6	
Maladjusted	-	14	17	
Physically Handicapped	3	78	5	1
Delicate		49	6	
Multiple Handicaps			1	

## 4. Periodical Review of Handicapped Pupils.

NUMBER OF PUPILS RE-EXAMINED PRIOR TO THE ULTIMATE YEAR IN SCHOOL.

Category	Number Reviewed
Blind Partially Sighted Deaf Partial Hearing Educationally Subnormal Epileptic Maladjusted Physically Handicapped Delicate	5 1 3 154 17 51

As a result of these re-examinations recommendation was adjusted as follows:—

## EDUCATION ACT, 1944—SECTION 57.

Change of School	12
Return to Ordinary School	22
Notified to Local Health Authority as Unsuitable for Education in School	11
Decision unaltered	528

## 5. Final Examinations.

### PUPILS EXAMINED ON REACHING STATUTORY LEAVING AGE

Category	Requiring Supervision	Not Requiring Supervision
Blind Deaf Partial Hearing Educationally Subnormal Maladjusted Physically Handicapped Delicate	30	  22 3 1 9

Children notified to Local Health Authority as
unsuitable for education in school prior to age of
entry

#### SPEECH THERAPY

Throughout the year one therapist only was available and for three months there was no speech therapy staff. From May until December Mrs. Gilmour worked part time and was allocated to the special schools where the demand for treatment is most urgent. The numbers of children treated were as follows:—

Number of treatments given	1,204
Number of new cases	33
Number of cases discharged	27

## CROWD DISEASE AND ITS PREVENTION

#### 1. General Review.

With the exception of the usual biennial increase in cases of measles, there were no serious outbreaks of infectious disease among children of the City during the year.

### 2. Numbers of children affected.

(i) Notifiable Disease. The numbers of cases notified to the Health Department during the year were:—

#### NOTIFIABLE DISEASES.

Disease	5—9 years	10—14 years
Measles Rubella Scarlet Fever Pneumonia Acute Rheumatism Whooping Cough Dysentery Meningococcal Infections Food Poisoning Pulmonary Tuberculosis Other Forms Tuberculosis	1,477 244 54 4 2 54 12 1 1 3	50 86 5 — 1 3 3 — — 3

(ii) Contagious Skin Disease. The numbers of pupils known to have suffered were as follows:—

Impetigo	83
Scabies	6
Ringworm—Scalp	7
Body	1

This represents a considerable fall from last year, although the same facilities for diagnosis and treatment of skin disease were provided.

#### 3. Preventive Measures.

(i) Poliomyelitis. The numbers of pupils protected against poliomyelitis were:—

	5—15 years	Over 15 years
Oral Polio Vaccine	2,527	18

(ii) Diphtheria. Pupils have been protected against diphtheria as follows:—

	Primary	Booster
Diphtheria only	16	1,735
Diphtheria and Tetanus	860	1,274
Triple (Diphtheria, Whooping Cough and Tetanus)	93	199

### (iii) Other forms of Protection.

Tetanus	23
Yellow Fever	175

Towards the end of the year the scheme for protection of pupils against the more important infectious illnesses was reviewed and parents were asked to give a comprehensive consent for those forms of injection which are found from time to time to be required.

#### (iv) Tuberculosis.

#### (a) TUBERCULIN TESTING.

	Age Groups.			
	5 Yrs.	10 Yrs.	12 Yrs.	
No. of Parents to whom Circulars were sent  No. of Children for whom Consent was received.  No. of Children Tested and Read  Grading of Reactions obtained:0  1 2 3 4	4,579 4,081 3,412 2,899 298 144 57 14	3,713 3,296 2,850 2,390 203 126 90 41	3,381 2,862 2,288 1,916 177 100 68 27	

#### (b) B.C.G. VACCINATION.

Pupils received B.C.G. Vaccination as follows:—

Numbers protected in:—	
Maintained Schools	2,022
Independent Schools	549

#### 

(d) X-RAY OF TEACHING STAFF ON APPOINT	TMENT
Number of X-ray examinations arranged for	
Teachers appointed to the staff	206

#### HEALTH EDUCATION.

Quarterly meetings with representatives of the head teachers were held throughout the year to discuss problems of health education in schools. In May a Bulletin on health education was prepared for distribution, together with a hand list of leaflets, posters and films dealing with subjects in a way suitable for children of different ages. This material is available from the Health and Social Services Department. Arising out of discussions, certain films on health topics were also added to the Film Library of the Education Department. The publication 'Better Health' had formerly been distributed to Schools, but it was ascertained to have lapsed: arrangements were accordingly made for its redistribution.

The Health and Social Services Department in the course of its publicity campaign selected four subjects for intensive treatment, each for a three month period. That concerning footwear was a particularly suitable subject for implementation in schools. A letter was prepared for distribution to parents of younger children during the summer term. During this period school nurses, in the course of their Hygiene Inspections, paid particular attention to the footwear of children and issued the letter to each child inspected to take home. At the foot of the letter provision was made for comments of the Nurse on the child's footwear. Thus the approach became an individual one to each parent.

# VII—Report of the CHIEF PUBLIC HEALTH INSPECTOR



# ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR FOR THE YEAR 1963.

CHIEF PUBLIC HEALTH INSPECTOR: L. MAIR, F.R.S.H., F.A.P.H.I.

DEPUTY CHIEF PUBLIC HEALTH INSPECTOR:
A. P. ROBINSON, M.R.S.H., F.A.P.H.I.

#### DIVISIONAL INSPECTORS:

Administration	•••	•••	•••	W. G. Ingledew, M.A.P.H.I. (Resigned 1st September, 1963.) W. F. Mandle, M.A.P.H.I. (Commenced duties 2nd September, 1963).
West Division	• • •		• • •	M. G. WINTRINGHAM, D.P.A.
Central Division		• • •		A. IBBITSON, M.A.P.H.I.
East Division		• • •	9 6 •	T. McCowie, M.A.P.H.I.
Food Inspection and	Contro	ol	•••	W. Cockburn, F.A.P.H.I., (Died 25th January, 1963). G. F. Phillips, F.A.P.H.I., (Commenced duties, 5th March, 1963).
Housing and Smoke	Contro	ol Surv	ey	R. Burfield, M.A.P.H.I., (Resigned 31st December,

1963).

#### INSPECTORATE:

Senior Inspectors ... ... 15 (3 vacancies).
Inspectors ... ... 14 (2 vacancies).
Pupil Inspectors ... 8

#### **AUXILIARY STAFF:**

General Assistants ... 2
Smoke Control Staff ... ... 6 (3 vacancies).
Rodent Control Staff ... ... 10 (1 vacancy).
Slaughterhouse Labourer ... 1

#### CLERICAL SECTION.

Senior Clerk ... ... ... W. H. Cartwright.

Shorthand Typists ... 2

Clerks ... ... 11.

#### **INTRODUCTION**

Viewed in retrospect, 1963 may be said to have included some of the most difficult and intractable problems of recent years, and the year ended without immediate solutions having been found to these difficulties.

In the field of atmospheric pollution, the smoke control programme was being pursued with vigour and enthusiasm at the opening of 1963 when Smoke Control Orders Nos. 9, 10 and 11 were submitted to the Minister of Housing and Local Government for confirmation. As the year ended, not only was confirmation still outstanding, but there appeared to be little likelihood of these Orders coming into operation in the foreseeable future. Our city had for a long time been a leading protagonist in the battle for clean air in the north-east but unless the prosecution of the Health Committee's smoke control programme is tackled with a sense of realism and urgency, Newcastle upon Tyne must divest itself of the mantle of leadership and assume a much more modest role in this field of health protection. It is appreciated that many real obstacles have arisen during 1963 to impede the progress of the programme, but it is also appreciated that no obstacle is insurmountable if the effort made is equally real and determined.

During the year, as mentioned at greater length later in this report, regulations requiring the 100% inspection of all meat produced in slaughterhouses in our city were brought into operation, a formidable task if our twenty-three scattered slaughterhouses were to be adequately visited by a staff already seriously depleted in numbers. The wide topographical distribution of the slaughterhouses, together with the continued insistence of butchers in carrying out slaughtering seven days each week, commencing in one case at midnight and in other cases from 5.0 a.m. to late evening, have been the two main disadvantages which the meat inspection staff have endured throughout the year and not until the municipal abattoir is established and in operation will the control of slaughtering hours and reasonable working conditions be secured. However, at the end of the year, the possibility of the abbattoir being completed by the end of 1966 appeared to have receded.

In the closing paragraphs to the introduction to my last annual report I referred to the continuing problem of the substandard

multi-occupied house. No effective progress was, however, made during the year in this important sphere of housing, owing mainly to increasing shortages of staff aggravated by the unsettled conditions on the districts caused by the periodic seconding of district inspectors into slaughterhouses to assist the very hard pressed meat inspection staff. If staff shortages are relieved during 1964 it is hoped that impending improved housing legislation empowering drastic action to be applied to the worst of such houses will justify a more encouraging report on this subject at the end of next year.

In past reports I have made frequent references to the need for the systematic repair of the less unfit houses, not only with a view to providing greater amenity and comfort to the occupants but also to preventing the steady creation of slum areas caused by prolonged neglect and deterioration of the structure of those dwellings. staffing situation throughout the year prevented a start being made with this urgent task but with the operation of the provisions of the current housing bill, providing for compulsory improvement, this subject must be given earnest and positive consideration. compulsory improvement of sub-standard dwellings, as envisaged in the proposed housing legislation is, in effect, a logical extension of existing housing procedure involving compulsory demolition and compulsory repair, and could with advantage be integrated with, and form part of, the housing programme of 1963-1981 enabling privately owned houses, scheduled for both short and long-term revitalisation, to be repaired and improved.

The achievement of such objects, however, depends mainly upon the acquisition of trained and qualified staff and it is hoped that this fundamental aspect will be accorded adequate consideration. It was hoped, at the time, that when the Organisation and Methods investigation team had completed their survey of the operation of the public health inspection services towards the end of the year some fruitful results would have emerged which would have led to an improvement in the staffing situation generally and indeed, the survey was readily welcomed for that particular reason. It would seem, however, that the organisational, administrative and technical nature of the duties of the public health inspectorate are rather more complex than they appear to the uninformed external observer and it is feared that the staff shortages in the future will be even more grave than at any time hitherto.

Nevertheless, all was not gloom during 1963. It may be recalled that at the close of the previous year, the department was, for the first time, slightly behind schedule with official representations of unfit houses in the slum clearance programme. Not only was the small deficit overtaken but a comfortable lead had been established before the end of the year, and so far as the Health Committee is concerned no slum clearance problem now exists.

So the year 1964 is welcomed with some of our difficulties surmounted but most of the long-standing major tasks still to be tackled with a real effort and to real effect. Among these outstanding matters, many have become familiar through annual repetition, such as the erection of a municipal abattoir, the resumption of the smoke control programme, the maintenance of a 100% meat inspection service, and the problem of the multi-occupied house. To this formidable list can now be added the repair and improvement of unfit and sub-standard houses.

# **HOUSING ACT 1957**

Although during the year there was represented the highest number of houses since the current slum clearance programme was commenced, this gratifying achievement does not truly reflect the immense amount of extra work devolving upon the slum clearance staff arising from circumstances beyond the control of the Depart-In addition to the 717 houses dealt with as unfit, a further 302 houses containing 759 families, situated within the boundaries of the Parker Street clearance areas had to be reinspected and represented in February of 1963. This time-consuming task was found to be necessary because of the many changes which had taken place in these areas since the original representation in 1961. A considerable number of houses had, since then, been demolished and the sites used for other purposes such as car parking and furthermore, quite a number of houses had been converted into businesses and could therefore no longer be classified as "pink" for the purpose of making the compulsory purchase order.

Similarly, in the Mill Lane area every house within the boundaries of the proposed C.P.O. as outlined by the Planning Department was inspected for the purpose of being classified as "grey" or "pink". This work involved the inspection of 267 houses and when the C.P.O. boundaries were finalised after various revisions

and amendments, only 113 "pink" and 18 "grey" houses were left within these boundaries. In other words, 136 houses were inspected and recorded to no useful purpose, a fruitless task which represents a considerable number of manhours of labour.

However, despite this dissipation of energy in such profitless tasks, the arrears of work outstanding at the end of 1962 were quickly overtaken and a commanding lead of more than 4.0% over the overall programme was established by the end of the year. In all, 717 unfit houses were represented, a gratifying increase of more than 141% over the number dealt with in 1962.

During the year the work of inspection and recording was continued in many widely scattered districts. This dispersal of operations arises from the completion of the larger slum clearance areas and the work in which the slum clearance staff were engaged at the end of the year could aptly be described as "mopping up" operations.

Inspections were completed during the year in the following areas: — Violet Street, Gloucester Street, Villa Place, Dunn's Terrace, Raby Street, Albion Row, Mary Street, Garth Heads, Denmark Street, Loadman Street, Summerhill Terrace, Buxton Street, Crawhall Terrace, Jesmond Vale, Melrose Street, Greenhow Terrace and Dene Terrace, and most of these areas formed the subject of official representations. The number of individual unfit dwellings dealt with increased to 95, 19 orders being made in respect of basement holdings, 16 in respect of parts of houses and the remainder in relation to complete dwellings.

The following tables show in statistical form the work carried out by the Housing Section during the year:—

Rep	ores	eni	ted	to	Health	Committee—
1 5	W W	0.	**			

(a)	Unfit Houses in Areas:		Houses.	Families.	Persons.
	Violet Street C.A	• • •	132	257	868
	Scotswood Road (Dene Terrace	e)	7	16	53
	Gloucester Street C.A	•••	39	124	402
	Albion Row C.A		117	231	681
	Mary Street C.A		85	154	445
	Raby Street C.A	• • •	71	131	334
	Villa Place C.A		55	67	225
	Summerhill Terrace C.A	• • •	27	114	247
	Denmark Street C.A	• • •	19	36	94
	Jesmond Vale C.A	• • •	17	9	17
	Dunns Terrace C.A		8	14	31
	Greenhow Terrace C.A		22	39	108
	Burton Street C.A		15	30	61
	Melrose Street C.A		8	13	35
(b)	Individual Unfit Houses	• • •	95	191	600
` ,					
	Totals	• • •	717	1,426	4,201

	lers Made.			Houses.	Families.	Persons.
(a)	Parker Street C.P.O.:					
	Pink			302	757	2171
(h)	Grey			103	165	435
(0)	Mill Lane C.P.O.: Pink			113	213	674
	Grey			18	32	84
(c)	Greenhow Terrace C.P.O.:					
	Pink			22	35	91
(1)	Grey		• • •	3	2	7
(d)	Individual Unfit Houses:			2.2	60	188
	<ul><li>(i) Demolition Orders</li><li>(ii) Closing Orders (Part)</li></ul>	• • •		33 36	54	207
	(iii) Closing Orders (Whole)			29	81	138
	<del>-</del>					
	Totals	• • •	• • •	659	1,399	3,995
Ora	lers Confirmed by Minister:			Houses.	Families.	Persons.
	Scotswood Road Declaration	of Uni	fitness	Order:		
` ′	Pink			108	151	406
(b)	Scotswood Road (Rye Hill) C			0.5	150	550
	Pink			85 29	178 41	559 137
(0)	Grey Harriet Street C.P.O.:	• • •		49	41	137
(0)	Pink			27	55	166
	Grey			4	5	12
(d)	Thornborough Street C.P.O.:			40.4	0.71	= 4.6
	Pink	• • •	• • •	105	271 18	746 45
(-)	Grey			22	10	43
(e)	Molineux Street C.P.O.: Pink			59	126	348
	Grey			41	62	153
	•			400		2.502
	Totals		• • •	480	907	2,582
Und	lertakings Given: (not inc <mark>luded</mark>	in the	above	e) Houses.	Families.	Persons.
(a)	To Demolish			1	4	17
(b)	To Close:					
	(i) Part of a House			7	10	32
	(ii) Whole House	• • •		18	23	62
	Totalo			26	37	111
	Totals	• • •	• • •			

Because of numerous objections made against the confirmation of certain orders, the Minister of Housing and Local Government held public inquiries during the year with respect to the Bulmer Street, Melbourne Street and Parker Street C.P.O.'s and confirmation of these orders was still awaited at the end of the year. The Scotswood Road (Declaration of Unfitness) Order 1961 was confirmed during 1963, the only modification being the exclusion of several properties which had been acquired by the Corporation since the making of the Unfitness Order. The area covered by this

Order included some of the worst dwellings in the City and the rapid deterioration of the structure of these slums resulted in conditions of gross dilapidation long before the order was confirmed. This unhappy situation was aggravated by the inordinately long period between the public inquiry on the 3rd April 1962 and the receipt of confirmation on the 9th January 1963, by which time the vast majority of the unfit dwellings had been demolished or closed, either by individual action under the Housing Act 1957 or on the acceptance of undertakings from owners to demolish or close in the event of the Corporation rehousing the occupants.

Similar conditions, but on a much smaller scale, existed in the Harriet Street area the C.P.O. for which was also confirmed during the year. The Molineux Street C.P.O. was also confirmed but only after what may be described as substantial modification involving the exclusion of one 'pink' and 19 'grey' properties and the alteration of 12 houses from the 'pink' classification to 'grey'.

Confirmation of the Thornborough Street C.P.O. was also received with the exclusion of only one property from the order. The Rye Hill C.P.O. was confirmed with 7 properties changed from 'pink' to 'grey' and 3 'grey' properties excluded. Both the Mill Lane and the Greenhow Terrace C.P.O.'s were submitted to the Minister for confirmation in November and as objections have been lodged it is expected that public inquiries into these orders will be held in the early months of 1964.

# Individual Unfit Houses.

Of the 95 closing or demolition orders made during the year in respect of individual houses 31 such orders related to premises in existing or proposed clearance areas. A large proportion of these were in the Melbourne Street area which at the end of the year contained some of the most dilapidated and insanitary dwellings in the City although it may well be that before confirmation of the C.P.O. for this area is received, by far the worst of the conditions will have been dealt with by the demolition of individual houses.

The total number of houses dealt with individually increased to 95 as compared with 71 during 1962, a further indication that slum clearance proper is coming to an end and that more attention is being directed to the individual unfit houses and underground rooms widely scattered throughout the city.

An interesting feature emerging from individual unfit action is the high proportion of such unfit houses which are in multiple occupation. In the west end alone, 33 houses in multiple occupation were either demolished or closed, in respect of which an appeal to county court was made against a closing order applicable to basement rooms. After negotiations had been pursued with a view to rendering the rooms fit the appeal was withdrawn at the County Court hearing and £4 4s. 0d. costs were awarded to the Corporation.

Despite the additional burden thrown on the Housing Department by the operation of the closing and demolition orders made during the year the rehousing of displaced tenants was carried out, in most cases, within a reasonable time although there were one or two instances where families were compelled to endure extremely adverse living conditions owing to the policy of not rehousing tenants until all arrears of rent had been cleared off.

# Houses in Multiple Occupation.

Although from time to time public interest in housing conditions is stirred by press publicity of evictions of tenants and the dramatic impact of expressions like "Rachmanism" it is, nevertheless true that in many quarters there is lacking a true appreciation of the urgent need to deal with the sordid and squalid living conditions at present existing in many of our houses in multiple occupation, particularly in the west end of the city. The inability to attract and retain public health inspection staff prevented anything more than a token effort being made to remedy these conditions and during the year the action taken may be summarised statistically as follows:

Number of houses subjected to detailed inspection  Number of houses reported to Committee for action	85 44
Notices served:	
(i) Housing Act 1961	35
(ii) Housing Act 1957	3
(iii) Public Health Acts	62
Management Orders made (section 12)	2
Directions given (section 19)	8
Number of houses forming subject of prosecutions	1
Number of houses where work was carried out in default	1

Comparing the achievements indicated in the above table with the magnitude of the multi-occupation problem still to be tackled, makes it clear that steps must be taken to improve this unhappy situation. Perhaps 1963 might be regarded as an exceptionally difficult year so far as the staffing of districts was concerned, due largely to the seconding of inspectors to meat inspection duties, but the cost, in terms of staff, paid to maintain 100% meat inspection is more than the other activities of the department can afford.

As in former years difficulties continued to be experienced by the lack of co-operation of owners to supply details of information of ownership; the frequency of the changes of owner and tenants and the problem of recovery of costs of work done in default but in the main the patience and persistence of the District Inspector invariably produced satisfactory results. During the year, by agreement with the City Engineer, action was taken in regard to the provision of fire escapes simultaneously with the enforcement of notices served under the Housing Acts, the additional expense of which resulted in a number of houses ceasing to be multi-occupied, the upper floors being vacated to avoid the necessity of providing a means of escape in case of fire.

Similar events have resulted from action taken by the department in respect of the provision of sanitary accommodation, sinks, water supplies and such essential amenities. During the year and as a direct result of the service of notices under the Housing Act, it is known that 14 tenants were evicted, 20 others were under notice and a further 4 had been threatened with eviction. It may be argued that such small numbers relate to a very small proportion of the total number of houses-in-multiple-occupation in the city, but it must also be remembered that the department at the end of 1963 had dealt with only a small fraction of this total.

That the provisions of housing legislation in general, and of the Housing Act 1961 in particular, fall short of practical needs is thus amply demonstrated but perhaps the most difficult provision to enforce relates to the giving of a direction pursuant to section 19 of the Housing Act 1961 whereby the "occupier for the time being" is not allowed to overcrowd the house. Because there are necessarily several "occupiers" of the house and as these change very frequently and because, in any event, the owner has no obligation to comply with the direction, effective enforcement is, in practice, not possible.

In many of the areas in the city included in the Housing Programme 1963-1981, large tracts of residential property are designated as suitable for long term revitalisation. Most of these designated areas include large numbers of houses-in-multiple-occupation and it is clearly desirable that the work of enforcement of Housing Act requirements should be related to the revitalisation proposals if delay and unnecessary duplication of effort are to be avoided. Nevertheless, no matter how effective the work of revitalisation may be, the multiple-occupation of houses originally designed as single housing units is not a good development and can, at best, be described as merely an expedient to be adopted until an adequate number of separate houses are available to provide privacy for the many unfortunate families who are at present forced to share with strangers the ordinary accepted amenities of living.

#### **Unfit Houses—Demolitions and Closures.**

During the year a total of 692 houses were closed or demolished, as compared with 389 dealt with during 1962. These unfit premises comprised the following:—

					Houses.
Pre-war clearance areas					1
Post-war clearance areas			• • •	• • •	522
Individual Unfit Houses	• • •			•	76
On undertakings by owners (1	not in	clearan	ce area	as)	22
On certificates of unfitness (Co	orporat	ion pro	operties	s)	71
					692

# Unfit Houses—Rehousing.

There was a slight decrease in the number of families rehoused from unfit dwellings during 1962, the total being 1,085 as compared with 1,152 during the previous year. Details of rehoused families are as under:—

	Families.
Clearance areas	790
Individual unfit houses	151
On undertakings by owners (not in clearance areas)	30
On certificates of unfitness (Corporation properties)	114
	1,085
	1,005

#### Derelict Stuctures.

In recent years the demolition of unfit houses has not, for quite valid reasons, kept pace with the rate of rehousing. Closing orders had been made in respect of certain unfit houses because demolition, at that particular time, would have had a detrimental

effect upon adjoining property and thus the closed house deteriorated until it became, in fact, another derelict structure. Similarly in clearance areas, where rehousing could not proceed uniformly because of the different preferences and needs of tenants, serious nuisance arose in unoccupied premises, and the size of the problem was not greater anywhere than in the Shieldfield and Wilfred Street areas. In these areas most houses were in a derelict condition, a few were still occupied, and some had been reoccupied contrary to the terms of the clearance orders.

During the year a special report was submitted to the Committee on these problems and within a matter of months difficulties were overcome. In this connection a tribute should be paid to the City Engineer's Department for the expeditious way in which red tape and procedural delay were circumvented to enable these long-standing dangerous conditions to be eliminated so quickly. The cost of the work of demolition is recoverable from the owners of the properties concerned and it is hoped that this reimbursement is secured with equal despatch.

# RENT ACT 1957

The most signficant feature to record under this heading is the apparent re-awakening of interest in the Act. During the year 22 applications were received for Certificates of Disrepair as compared with 6 during 1962 and 16 applications were received for cancellation of Certificates of Disrepair as compared with 4 during 1962.

Whatever may be the reason for this increase in the figures during 1963, they would appear still to be remarkably low and it is regrettable that more use could not be made of this Act.

The following is a statistical summary of rent control work carried out during the year:—

#### Certificates of Disrepair:

Number of Applications for Certi	ficates		 		22
Certificates refused				• • •	1
Applications withdrawn					2
Undertakings received (Form K)				-	6
Certificates of Disrepair issued			 		9
Decisions pending	• • •				4
Certificates of Disrepair issued Decisions pending		• • •	 • • •	•••	9

Cancellation of Certificates of Disrepair:

, , , , , , , , , , , , , , , , , , , ,	•		
		1957 Act Certificates.	Total.
Number of Applications for revocation	e er vijveu.esv		20-01-1
or cancellation of Certificates of			
Disrepair	2	14	16
Certificates revoked or cancelled	2	12	14
Cancellations refused		2	2
Decisions pending		_	_
Certificates remaining extant	189	261	450
Certificates of Disrepair—Position as a	at 31st Dece	mber, 1962 :	
	1954 Act.	1957 Act.	Total.
Number issued	542	427	969
Number revoked or cancelled	353	166	519
Number remaining in force (as in registe	r) 189	261	450

#### PUBLIC HEALTH ACTS 1936—1961

#### Nuisances.

The number of complaints received during 1963 rose to 3,757 as compared with 3,189 during the previous year, an increase which can partially be attributed to the deterioration in living conditions in clearance areas where rehousing remained uncompleted. Before the end of the year, however, the worst conditions in the large Diana Street area had been eliminated by extensive rehousing and demolition of the unfit dwellings.

General complaints included 12 cases of noise nuisances but in no case was the existence of a statutory nuisance established. Nevertheless, as a result of the co-operation of the authors of the nuisances, complete abatement of the noise was secured in some instances and in others, a very substantial reduction. The types of noises forming the subjects of the complaints comprised the following:—nightwork in a factory; refrigerator in butcher's shop; a faulty compressor; use of hand drill; transport noises at a brewery; nightwork in a bakery; paint removing by abrasive tools; exhaust fans from paint ovens, and a circular saw.

Statutory Notices Served—	
<ul><li>(a) Public Health Act 1936-1961</li><li>(b) Corporation Act 1935</li><li>(c) Final letters sent</li></ul>	671 353 85
Legal Proceedings—	03
Informations laid	20
Summonses withdrawn (nuisance abated)	
Nuisance Orders made	2 4

# Places of Public Entertainment.

During the year there was a further decrease in the number of cinemas of which there are now 14 as compared with 18 at the end of the previous year. With the closing of the Empire Theatre the number of theatres has fallen to 4. Bingo appears to maintain its popularity with 7 premises devoted exclusively to this pastime, in addition to which one boxing hall, one cinema, one billiard hall and 4 dance halls operated bingo sessions in addition to their normal activities. An innovation in public entertainment was the opening of a bowling alley which has undoubtedly proved to be popular. Premises used for the purpose of public entertainment at the end of the year comprised the following:—

Billiard Halls		• • •			5
Bingo Halls					7
Bowling Alley	• • •		•••		1
-3		• • •	• • •	• • •	1
Boxing and Wres	unig пап				1
Cricket Grounds					4
Concert Hall					1
Concert Hall	• • •				1
Cinemas					14
Dance Halls					9
Football Ground					1
	* * * *		* * *		1
Greyhound Stadi	um				1
Lawn Tennis Clu	ıh				1
	• • • • • • • • • • • • • • • • • • • •	• • •	• • •		- 1
Music Hall			• • •		- 1
Theatres					4

The number of inspections of these premises made during the year totalled a mere 65, a figure which is quite inadequate to meet even the minimum needs to ensure the maintenance of hygienic conditions in some of these premises.

#### Offensive Trades.

Certain minor changes occurred in the number and character of offensive trades carried on in the City during the year and at the end of the year the position was as follows:—

Tra	de				$N\epsilon$	o. of Trades.	No. of Premises.
Bone boiler	• • •	• • •	• • •	• • •	)	J	
Fat extractor	r	• • •	• • •	• • •			
Fat melter	• • •	• • •	• • •	• • •	>	5	1
Glue maker	• • •	• • •	• • •	• • •			
Size maker	• • •	• • •	• • •	• • •	J		4
		• • •	• • •	• • •	···	1	1
Hide and ski		er	• • •	• • •	}	2	3
Fell monger		• • •	• • •	• • •	)	1	•
Tripe boiler		• • •	• • •	• • •		1	2
Gut scraper	• • •	• • •	• • •	• • •	}	2	1
Fat melter	• • •	• • •	•••	• • •	J		
	Totals	S	•••	•••	•••	11	8

Many of the premises involved are quite unsatisfactory from a structural point of view and no lasting solution to this difficulty can be expected until the completion of the proposed Municipal Abattoir within the curtilage of which all ancillary offensive trades are expected to be sited.

# Tents, Vans and Sheds.

During June a record number of caravans and families took up residence on the Town Moor in connection with the annual Temperance Festival Week. A total of 644 caravans housing 2,181 persons were stationed on the site, and it is very disturbing to note that of this number 243 caravans illegally occupied the portion of the Moor to the north of the authorised fairground site. Also illegally stationed thereat were 19 tents and 276 motor vehicles, and as these unauthorised dwellings were not provided with sanitary accommodation, water supplies or refuse collection services, serious nuisance resulted and this portion of the moor was ultimately left littered with a considerable amount of refuse and scrap metal of all kinds. As in previous annual reports it must once more be asserted that steps should be taken to prevent this illegal occupation of the Moor.

During the year there was a regrettable increase in the number of unauthorised caravans stationed in the east end at the Union Road and Waverdale Avenue sites which are in the ownership of the Corporation. To deal with the unsatisfactory conditions arising on these sites, 48 visits by Inspectors had to be made. At one time 24 vans containing at least 85 occupants were on these sites and the nuisance to residents in the immediate neighbourhood was further aggravated by the 18 dogs that were owned by one caravan dweller and a number of poultry and several horses owned by others. The statutory procedure involved in securing the removal of these caravans is unduly prolonged and it has been suggested that the Corporation, being owners of the land upon which the vans are stationed from time to time, should regard these vans as trespassers and after a reasonable warning should remove the vehicles, using all reasonable force. Such a policy, if put into operation, would prevent a recurrence of these deplorable conditions but there is little doubt that these sites will again be occupied in 1964.

# Common Lodging Houses.

Periodic visits to the one and only common lodging house in the City, the Salvation Army Men's Hostel in Pilgrim Street, indicated

that a satisfactory standard of maintenance continues and extensive redecoration was carried out during the year. This hostel fulfills an urgent social need and it was operated at its full capacity throught the year.

# New Buildings and Alterations.

An increase in building work within the City was again reflected in the rising number of plans submitted to the department by the City Engineer for examination and comment before being considered for byelaw approval. During the year 1442 plans were examined as compared with 1264 during the previous year and various recommendations were made in respect of requirements relating to the Food Hygiene Regulations, Factories Acts and other legislation falling within the province of the Department.

# Disinfestation (Slum Clearance).

The practice of disinfesting household effects prior to their removal from unfit houses into Council houses was continued and 745 such cases were dealt with as compared with 1417 during the previous year. During the course of this work the contents of 1818 rooms were sprayed with residual insecticides and bedding was steam disinfected on 216 occasions. Most of the houses treated were in the Croft Stairs, Harriet Street, Melbourne Street and Molineux Street Clearance Areas.

# Disinfestation (General).

Apart from those treated in relation to slum clearance removals the following premises were disinfested during the year, viz., 186 houses, 4 schools, 3 police stations, and 12 business premises. Such work involved the use of 83 lbs. of insecticide powder, 429 "Gammexane" smoke generators and 146 gallons of liquid insecticide.

The following table shows the various types of insects which were encountered during the year, and it is interesting to note that cockroaches still maintain their leading position in this field, whilst the bed bug, once pre-eminent in the domestic insect world, is being encountered much less frequently.

#### Premises Disinfested.

- 93 were infested with cockroaches.
- 44 were infested with fleas.
- 32 were infested with bugs.
- 10 were infested with food store beetles.
- 8 were infested with lice.
- 4 were infested with wasps.
- 5 were infested with other insects.

Total ... 196

# Infectious Disease Control.

During the year 93 cases of scarlet fever were investigated by the district inspectors and 39 cases of food poisoning necessitated contacts being checked, specimens being submitted and appropriate action being taken in respect of the food premises involved. A total of 78 rooms and their contents were disinfected during the year and 3 parcels of clothing were steam disinfected and provided with the requisite certificates of disinfection to enable owners to send these articles to relatives overseas.

# Workplaces.

During the year 520 inspections of offices and 225 inspections of other workplaces were carried out and the following defects were found:—

The control of workplaces was exercised under the provisions of the Public Health Act 1936, but it is encouraging to note that during the year the Offices, Shops and Railway Premises Act 1963 (to which further reference is made elsewhere) was passed. When this Act comes into operation, probably in the autumn of 1964, more adequate protection will be provided for employees in offices, shops and similar premises so far as health, safety and welfare are concerned.

# Water Supply.

During the year the water undertaking continued to supply monthly statements indicating the amount of water held in the company's reservoirs and at all times the quantity was ample for all needs. During the same period four samples of water were taken each month by the Public Analyst and in every case he reported that the water was of satisfactory organic purity, it was not likely to have plumbo-solvent action, and was in every way satisfactory in quality and suitable for the public supply. At the end of the year the overall position in relation to the supply of water for domestic purposes was as follows:—

- (a) Number of dwelling houses... ... 88,151
- (b) Population supplied from public mains:—
  - (i) direct to dwelling houses ... ... 263,360
  - (ii) from stand pipes ... nil

Water samples were taken weekly for bacteriological examination from each of the mains sampling points and from domestic premises at random. Of 320 such samples taken during the year 10 were classified as suspicious and 9 as unsatisfactory, an unduly high proportion of adverse samples which has caused some concern both to the Department and the Water Undertaking. Samples taken by the Newcastle and Gateshead Water Co. have invariably proved to be satisfactory, and an investigation into these conflicting results had been commenced towards the end of the year. Sampling technique has been carefully checked and found to be satisfactory and both the Public Health Laboratory and the Water Undertaking are pursuing the investigation at the laboratory stages. In due course, a report on this perplexing matter will be submitted and included in the annual report for 1964.

The results of samples taken during 1963 are as follows:—

#### BACTERIOLOGICAL EXAMINATION OF WATER.

	Class 1. Highly Satis- factory	Class 2 Satis- factory	Class 3 Suspicious	Class 4 Unsatis- factory	Number Taken
Mains Sampling Points Domestic Taps  Totals	145	4	3	5	157
	144	8	7	4	163
	289	12	10	9	320

# Public Swimming Baths.

The position in respect of swimming baths in the city is the same as in previous years. There are 15 such baths, 12 for the use of the public and 3 attached to schools. In all cases, the water is supplied from the mains, bath waters are changed by recirculation and are subjected to "break point" chlorination treatment.

A total of 40 visits were made for the purpose of taking samples of swimming bath water for bacteriological examination and to estimate the amount of free chlorine and pH value. In all, 80 samples were taken and submitted to the Public Health Laboratory and all proved to be excellent.

# BACTERIOLOGICAL EXAMINATION.

Clcss 1. G b.coli.	Class 2. 1-3 b.coli.	Class 3. 4-10 b.coli	Class 4. 10+ b.coli.	Total
80				80

# RESIDUAL CHLORINE AND PH VALUE TESTS.

90-											
Chlorine		p.H Value									
p.p.m.	7.0	7.1	7.2	7.3	7.4	7.5	7.6	over 7.6	Total		
0·8 0·9 1·0 1·1 1·2 1·3							1		1		
1·4 1·5 1·6 1·7		1	2	1	1	1		1	5 1 3		
1·8 1·9	1		2	3	5	1			12		
2·0 Over 2·0	1		2 1 4 2	2 2	3		2		11 6		
Totals	2	1	12	9	10	2	3	1	40		

# SUMMARY OF VISITS CARRIED OUT BY PUBLIC HEALTH INSPECTORS FOR THE YEAR 1963.

Complaints received  Nuisances found on the District in addition to above  Inspection of Dwelling Houses under Public Health Act and Other A  Orders and Regulations:	cts,	3,757 92
1. Under Housing Acts:		
(a) On Inspection of District and under any regulations ma	ade	
Under Acts	• • •	100
(i) Repairable at reasonable cost		252
(ii) Not repairable at reasonable cost	• • •	252
(iii) Parts of huildings with wi	• • •	1,822
(iii) Parts of buildings with view to closure	• • •	105
(c) Houses let in lodgings		1,328
(d) Clearance and redevelopment areas	• • •	10,808
(e) Overcrowding Provisions		33
(t) Measurement for purpose of ascertaining "Permitted		33
Numbers"		10
(g) Other visits and revisits	• • •	
(h) Certificates of Unfitness	• • •	1,629
(i) Improvement Grants	• • •	
(i) improvement Grants		9

2.	Und	er Rent Acts:							
	(b)	In connection with cert In connection with can	cellation	n of ce	rtificate			• • •	22 23
		In connection with issu Other visits and revisits			incates	• • •	* * *	• • •	17
	(u)	Other visits and revisits	· · · ·	• • •	• • •	• • •	• • •	• • •	1 /
3.	Und	er Public Health Act ar	nd Wate	er Act:					
	(a)	Sanitary conveniences	• • •	• • •	• • •	• • •			190
		Common Courts, yards			• • •	• • •	• • •	• • •	77
		Filthy and verminous p				• • •	• • •	• • •	167
		In connection with pro				• • •	• • •	• • •	1,001
		In connection with com In connection with pro				ot of wa	 eter sum	nlies	3,400 890
	(g)	Other visits and revisits	V151011 0				and supp		8,097
	(h)	Disinfestation			• • •	• • •		• • •	
		Infectious Diseases Eng	luiries		• • •		• • •	• • •	399
Insp		n of Other Premises und Orders and Regulations. der Public Health Acts:		lic Hed	alth Ac	t and (	Other A	cts,	
1.				d for th	ha Iraan	ina of	'animal	0	21
		Stables and other prem Inns, public houses, ref				oing of	ammai		21 416
		Places of Public Enterta				• • •	• • •	• • •	65
		Public conveniences		• • •	•••		• • •	• • •	149
	` '	Offices				• • •	• • •		86
	> 4	Schools	•••	• • •	•••	•••	• • •	• • •	2
	:-:	Shops (in connection w	ith com	plaints	of nui	sance)	• • •	• • •	46
	(h)	Offensive trades: (i) Blood boiler and b	Jood dr	*10#					
		(ii) Bone boiler			• • •	• • •	• • •	• • •	2
		(iii) Fat extractor and			• • •	• • •	• • •	• • •	$\tilde{7}$
		Cry Tall Manage	• • •			• • •	• • •	• • •	
		(v) Glue maker and si			• • •			• • •	2
		(vi) Gut scraper	• • •	• • •	• • •	• • •	• • •	• • •	6
		vii) Rag and bone deal				• • •	• • •	• • •	topungua
		viii) Soap boiler and ta (ix) Tripe boiler			• • •	• • •	• • •	• • •	
		Baths, washhouses and			•••	• • •	• • •	• • •	6
		Common lodging house				• • •	• • •	• • •	4
		Watercourses, ditches, j		etc.	• • •	• • •	• • •	• • •	1
		Tents, vans, sheds		• • •	• • •		• • •	• • •	672
		Other visits and revisits			• • •	• • •	• • •	• • •	273
		Royal Show			• • •	• • •		• • •	
		Hide and Skin Depot Exhibition		• • •	• • •	• • •	• • •	• • •	6
2.	Und	er Food and Drugs Act				 d Orde	ers made	e	V
	(a)	Bakehouses (mechanica	l and n	on-med	hanica	D			91
	(b)	Butchers	• • •	• • •	• • •	•••	• • •	• • •	463
		Catering Establishments		• • •	• • •	• • •		• • •	752.
	(d)	Confectioners	• • •		• • •	• • •		• • •	365
	(e) (f)	Dairies Delicatessens			• • •	• • •	• • •	• • •	43
		Delicatessens Fishmongers/Poulterers		• • •	• • •	• • •	• • •	• • •	36 136
		Fried Fish Shops .		• • •	• • •	• • •	• • •	• • •	87
		General Dealers		• • •	• • •	• • •	• • •	• • •	436
	(j)	Grocers		•••	• • •	•••		• • •	322
	(k)	Ice Cream Manufactori	es	• • •	• • •	• • •			50
		Ice Cream retail premis	es	• • •	• • •	• • •	• • •	• • •	480
	(m)	Ice Cream vehicles							93

	(n)	Milk bars and milk retail premises .	• •	• • •	• • •	• • •	413
	(0)	Mobile shops	• • •	• • •			32
	(p)	Potted, pressed, pickled or preserved for	od p	oremise	S	• • •	148
	(q)		• •	• • •			159
	(r)		• •	• • •			272
	(s)	Greengrocers	• •		• • •		311
	(t)	Other visite and marialty	• •	• • •			752
2	T.T.	1 01 4:4:15					
3.	Un	der Clean Air Act and Regulations and C	<b>Orde</b>	ers mad	e there	eunder	•
	(a)		• •	• • •	• • •	• • •	134
	(b)		• •	• • •			
	(c)	Visits to boiler and other plant	• •		• • •		101
	(d)	In connection with smoke control areas				• • •	25,274
	(e)	Smoke control area revisits		• • •			1,387
	(f)	Smoke nuisances		• • •			88
	(g)	Other visits and revisits		• • •			1,048
	0.1				• • •	• • •	1,010
4.		r miscellaneous Acts, Orders and Regula	tion	is:			
	(a)	Burial Act, 1857 (exhumations)			• • •		2
	(b)	National Assistance Act, 1948, Section 4	47		• • •	• • •	1
	(c)	Merchandise Marks Act			• • •	• • •	91
	(d)	Newcastle upon Tyne Corporation Act	1956	6 (Hair		s)	275
	(e)	Newcastle upon Tyne Corporation Act 1	1926	(Tents	Vans	and	210
	\ /	sheds)				ana	137
	(f)	Newcastle upon Tyne Corporation (Gene	eral	Powers	$\Delta$ of 1	1035	361
	(g)	Pet Animals Act, 1951	crai		-	1733	78
	(h)	Prevention of Damage by Pests Act, 194		• • •		• • •	
	` /	Shope Act 1050	17		• • •	• • •	147
	(i)	Shops Act, 1950				• • •	1,009
	(j)	Noise Abatement Act, 1960			• • •	• • •	196
	(k)	Rag Flock and Other Filling Materials A	Act,	1951	• • •	• • •	22
	(l)	Pharmacy and Poisons Act, 1933		• • •	• • •	• • •	27
						-	71.01.4
							71,814

# ATMOSPHERIC POLLUTION

# Measurement.

It will be seen from the accompanying graph and table that relative concentrations of smoke and sulphur dioxide in different parts of the city during 1963, the second complete year of the national survey of atmospheric pollution, followed the same general pattern as in the previous year. It is, however, encouraging to note that the average level of pollution at each station, and consequently the general level of pollution throughout the whole city, shows a decrease when compared with 1962. There were no dense fogs but it will be remembered that there was a prolonged period of intensely cold weather during the early months of 1963 and meteorological records show that the mean temperatures during January and February were 2.5°C and 4.4°C respectively below average. It would be reasonable to assume that during this cold period the consumption of domestic fuel would have been higher

than average and the fact that this caused no increase in the degree of atmospheric pollution is gratifying.

In previous reports it has been indicated that one of the objects of the national survey is the formulation of a yardstick to measure relative degrees of atmospheric pollution in different regions and an attempt has been made to compare pollution in Newcastle upon Tyne with other similar large towns on this basis. For survey and comparison purposes the Department of Scientific and Industrial Research has classified all participating authorities on a basis related to domestic coal consumption, industrial solid fuel consumption and natural ventilation. Two other towns, Sunderland and Derby, have the same classifications as Newcastle and these authorities have been selected for purposes of comparison, together with all participating authorities in the population range 200,000—350,000, viz.; Bradford, Coventry, Cardiff, Croydon, Leicester, Nottingham, Plymouth and Southampton.

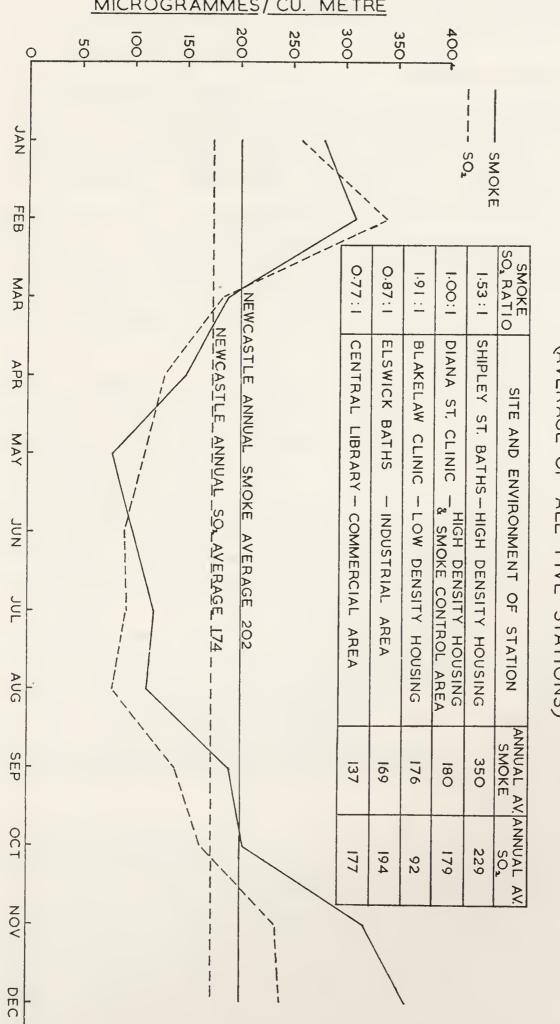
The air pollution figures of 1962 (the latest available) for these ten towns have been compared with Newcastle's figures for 1963 and in the "clean air league table" the positions are as follows:—

					Microgrammes	per cubic metre
					Smoke	$SO_2$
Cardiff	• • •		• • •		63	70
Plymouth	• • •		• • •		69	54
Southampton			- • •		90	103
Croydon					111	184
Coventry					125	101
Leicester					150	171
Nottingham					156	145
Derby					186	201
NEWCASTLE		TYN			202	174
Bradford					204	226
Sunderland		• • •		• • •	213	144

So far as smoke pollution is concerned it would seem that the atmosphere deteriorates as one travels further north, although for a number of reasons, the arrangement of figures in the table above which suggests this, should be regarded as nothing more than a statistical coincidence. These figures are based upon averages of individual sites in the various towns in the table and it is not possible to allow for differences in results in individual sites in different districts. In some towns the gauge operated in an "area of dense population" will give higher readings than in other towns and in this respect, the Shipley Street gauge in our city gives much higher than average readings, thus increasing the overall average for the city. Nevertheless, even after allowing for such unavoidable inaccuracies, it is clear that smoke control must continue to be

# CITY AND COUNTY OF NEWCASTLE UPON TYNE

SMOKE AND SULPHUR DIOXIDE CONCENTRATIONS FOR 1963
(AVERAGE OF ALL FIVE STATIONS)



MONTH

regarded as a task of immediate urgency in the black areas of the north in general, and in our own city in particular.

#### Clean Air Act 1956.

In my last report I referred to the necessity of maintaining a steady succession of confirmed smoke control orders if the support of public opinion for clean air was to be maintained, and anxiety was expressed over the tardiness with which the Ministry was dealing with orders submitted for confirmation. At the end of 1962 the picture of the smoke control programme was one of enthusiasm and bounding progress well ahead of schedule but a year later the situation was beset with confusion and stagnation resulting in the abandonment of the intention to complete the programme within the target year of 1970.

This frustrating development arose from the shortage of open fire solid fuel in the north-east region, a fuel upon which the programme, both in respect of phasing and costing, was based. The consequences of both this development and the Ministry's Circular 69/63 are too familiar to be referred to here in detail except to affirm that the costs of establishing smoke control will be very substantially increased during the next few years. The abatement of atmospheric pollution generally, and in the "black areas" in particular, is regarded as a national policy and it is logical that the expenditure incurred in pursuing a national policy should be regarded as a national liability and not left to the limited resources of those local authorities where the need for pollution abatement is most pressing. Support, therefore, should be given to those authorities who feel that a greater proportion of the expense involved in pursuing a clean air policy, should be borne by the central government.

That public opinion in our city is overwhelmingly in favour of smoke control is indicated by the information gained from a survey carried out in the west end during the latter months of 1963. The occupiers of 1,000 houses (comprising 500 privately owned and 500 Council owned) in smoke control area No. 10 were questioned and more than 94% of occupiers declared positively in favour of smoke control with only 4% in opposition. Such a favourable situation has been created during the past few years by the efforts and accomplishments of the Health Committee in the field of pollution abatement, but how long a favourable public opinion can be main-

tained in the face of the present position of inactivity is a matter for pessimistic conjecture.

The present position in the establishment of smoke control areas in the city is detailed below:

#### (a) Areas Reported to Health Committee:

	Acres	Houses	Total Premises	Order Made	Confirmed
Area No. 9	554	3,709	3,825	9.1.63	<u>.</u>
Area No. 10	584	3,671	3,764	6.3.63	
Area No. 11	380	3,626	3,710	3.7.63	

#### (b) Orders made and confirmed:

	Acres	Houses	Total Premises	Order Made	Confirmed
Area No. 8	1,403	3,261	3,368	7.11.62	17.5.63

#### (c) Position at 31st December, 1963.

	Acres	Houses	Total Premises	Operative Date
Area No. 1	118	156	1,492	1.4.59
Area No. 2	161	1,463	3,039	1.12.60
Area No. 3	119	774	1,232	1.1.62
Area No. 4	124	974	1,797	1.8.62
Area No. 5	170	1,292	2,376	1,12.62
Area No. 6	334	708	998	1.7.63
Area No. 7	800	999	1,624	1.7.63
Area No. 8	1,403	3,261	3,368	1.12.63
Area No. 9	Submitt	ed to Mi	inister for confir	mation.
Area No. 10	Submitt	ed to Mi	nister for confir	mation.
Area No. 11			nister for confir	
Area No. 12	Survey	complete	d-no further a	ction taken.
Area No. 13			ut not proceede	

#### (d) Formal Action During 1963:

No. of Approvals of Proposed Works dealt with	 748
No. of Claims for 70% grant approved	 848
No. of Claims for 100% grant approved	 24
No. of Section 12 notices served	 294
No. of Section 12 notices complied with	 273
No. of Section 12 notices work still outstanding	 34
Works carried out in default	 15

# Smoke Emissions.

There was a further reduction in the number of formal smoke observations carried out during the year (the total being 134 as compared with 172 during 1962) and the remarkable feature of this work was that in only three cases were there detected emissions which contravened the requirements of the Act. There is little doubt that since the introduction of the Clean Air Act industry has co-operated whole heartedly in abating smoke pollution and 1963 has produced many practical examples of this fruitful co-operation.

# Prior Approval of Furnaces.

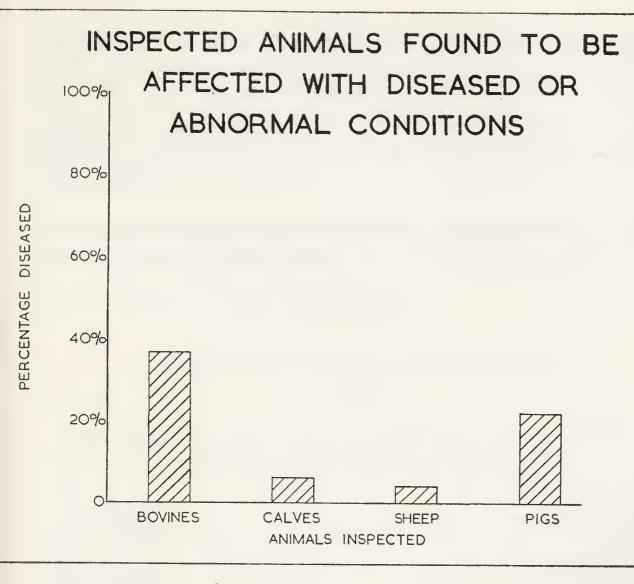
During the year five applications for prior approval were granted under the provisions of section 3 of the Act. These applications related to an industrial incinerator, two oil-fired plants, one gas-fired boiler and the installation of chain grate stokers to a range of eight Economic boilers.

### **FOOD AND DRUGS ACT 1955**

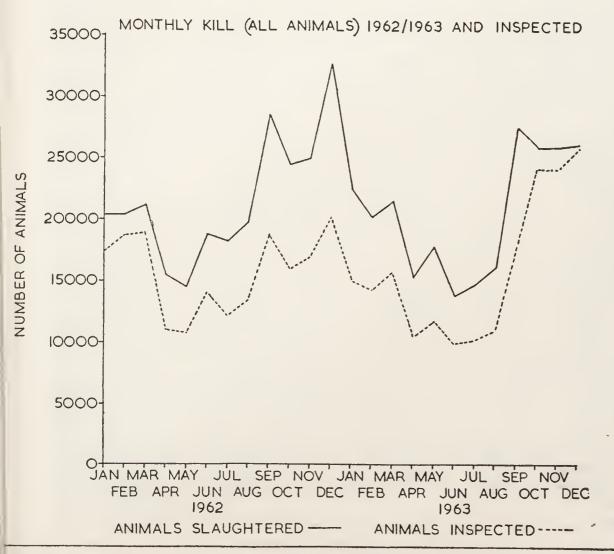
# Meat Inspection.

During the year there was a further fall in the number of animals slaughtered in the 23 slaughterhouses in the City, the total number being 247,983 compared with 259,096 during 1962. Even so, this reduced number was far in excess of the City's requirements and the surplus of this home-killed meat was exported to other districts in the north-east region. The costs of the inspection of this "export" meat was partly offset by the Exchequer grant made to the Corporation, the total grant for the year ending 31st March 1963 being £1,152 0s. 0d. This was the final payment of its kind as the provisions of the Meat Inspection Regulations of 1963 terminated these grants and substituted therefor a range of maximum charges which could be imposed by the Corporation for the inspection of cattle, horses, calves, pigs and sheep slaughtered in the City. It was anticipated that the regulations enabling these charges to be made would have been brought into operation simultaneously with the termination of the Exchequer grant payments, but unfortunately the operation of the regulations was deferred until the following October to the financial disadvantage of the Corporation.

The regulations (to which further reference is made later in this report) imposed, for the first time, a statutory obligation on local authorities to secure 100% inspection of all animals slaughtered in their areas and having regard to the current staffing difficulties and shortage of meat inspection facilities, it is a matter for congratulation that 100% inspection was being achieved before the end of the year, although at a heavy cost to the work of other sections of the department. Until the permanent meat inspection staff can be brought up to full establishment the present system of seconding district inspectors to the slaughterhouses must continue and an expression of special appreciation must be included in this report for the co-operation shown by the inspectorial staff in this







matter of securing 100% inspection as it involves arduous and exacting work performed under most unpleasant and unfavourable conditions. Such inspectors must surely be the only officers in local government who commence a long day of work at 6-30 a.m., finishing sometimes at 8-0 p.m., who must also work on Saturdays and Sundays and whose work is producing a revenue to the Corporation.

At the end of the year, these willing horses were truly carrying the load but it is unlikely that 100% meat inspection can be main-

TABLE 1.

WHOLE CARCASES CONDEMNED BECAUSE OF DISEASE
(OTHER THAN TUBERCULOSIS AND CYSTICERCOSIS).

Disease or Condition	Cattle	Calves	Sheep	Pigs	Horses	Total
Johnes disease with emaciation Swine erysipelas	6	•••	•••	3	•••	6 3 7
Pyrexia Pyaemia Septic Conditions:	1 2	1	9	6 25	• • •	37
Septicaemia Septic arthritis	1	• • •	7 1	4 10	• • •	12 11
Septic mastitis Septic metritis	• • •	• • •	3	 <u>1</u>	• • •	3
Septic pleurisy Septic pleurisy	• • •	• • •	7 4	7	• • •	14
and peritonitis Septic peritonitis Septic	• • •	• • •	9	6	• • •	15
pneumonia Septic nephritis	1	2	6	1	• • •	10
Salmonellosis Toxaemia	1	 1 2	1	3	• • •	1 5 3
Jaundice Neoplasm Leukaemia	• • •		1	• • •	• • •	1
(Lymphatic) Anaemia	• • •	• • •	··· 4	1 1	• • •	1 5
Pleurisy and peritonitis Oedema and	• • •	• • •	1	5	• • •	6
emaciation Imperfect bleeding	6	5	32	• • •	1	44
congestion Immaturity	1	1 8	10	1	• • •	13 8
Traumatism Decomposition Contamination	1	2	1 1	$\frac{1}{2}$	• • •	8 2 6
Acute enteritis Gangrene	• • •	i	2	• • •	•••	1 1 2
Uraemia	•••	•••		1	• • •	2

tained throughout 1964 on this basis. The position will be relieved considerably when all slaughtering is carried out in the proposed municipal abattoir when the Corporation will control slaughtering hours and weekend inspection work will be reduced to a minimum, and it is hoped that the new date, the 1st January 1967, set by the Ministry for the operation of the abattoir, is capable of achievement.

Nevertheless, despite the difficulties outlined above, the overall percentage inspection of animals slaughtered during the year rose to 77.51%, (certainly the highest in the city's history) as compared with the previous highest figure of 68.5%.

TABLE 2.

PART CARCASES OR ORGANS CONDEMNED BECAUSE OF DISEASE.

(OTHER THAN TUBERCULOSIS AND CYSTICERCOSIS).

		Ł	1	1			
Disease or Condition		Cattle	Calves	Sheep	Pigs	Horses	Total
Johnes disease		11				• • •	11
Antinobacillosis	S	108	• • •				108
Antinomycosis		78	• • •				78
Abscess	• • •	855	• • •	107	53		1,015
Pericarditis		204	• • •	60	732		996
Neoplasm		2		2			4
Pneumonia		118	31	1,932	5,555	• • •	7,636
Pleurisy		463	6	304	402	• • •	1,175
Pleurisy and			_				
peritonitis	• • •	71	7	97	858	• • •	1,033
Peritonitis	• • •	180	• • •	14	38	• • •	232
Enteritis	• • •		• • •	•••	11	• • •	11
Emphysema	• • •	26	• • •	•••	• • •		26
Mastitis	• • •	39	• • •	8	2 3	• • •	49
Nephritis	• • •	10	* * *	3	3	• • •	16
Fascioliasis	• • •	9,764	• • •	832	2 500	• • •	10,596
Ascariasis Cavernous	• • •	• • •	• • •	• • •	3,592	• • •	3,592
		127					4.0-
angioma Hydatidosis	• • •	11	• • •	20	21	1.0	127
To the	• • •	60	• • •	20	21	13	65
Parasites Oedema and	• • •	00	• • •	2,428	76	• • •	2,564
emaciation		2		5			7
Congestion	• • •	105	• • •	17	5	• • •	7
Melanosis	• • • •	21	• • •		3	• • •	127
Osteomalacia		1	• • •	• • •	• • •	• • •	21
Necrosis		4	• • •	• • •	• • •	• • •	1
Arthritis		1	•••	121	136	• • •	4 258
Traumatism		24	• • •	39	25	•••	88
Decomposition		1,384	3	44	293	•••	1,724
Contamination		4		1		• • •	1,724
				1	•••	• • •	5
						1	

# Bovine Tuberculosis.

For the first time in the long history of meat inspection in this City, not one animal carcase was rejected for bovine tuberculosis and of the 25 animals affected with localised tuberculosis, 12 had been sent in as reactors.

The only value now of comparative figures shown in Table 4 over the past years is in indicating the numbers of carcases of beef and pork and the amount of offal that were formerly rejected on account of bovine tuberculosis, not only causing a grave loss in valuable food but always presenting a potential factor in the spread of disease.

TABLE 3.

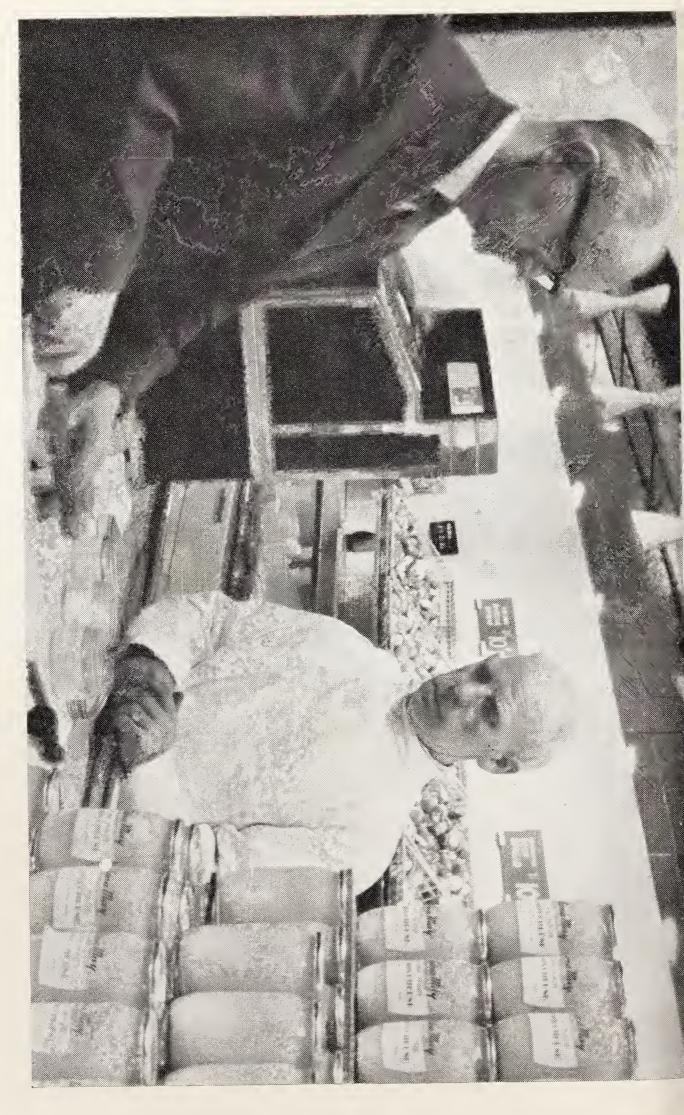
	Tubercu	Tuberculosis conditions found				
	Advanced	Advanced Other than advanced				
<ul> <li>(a) Animals slaughtered under provisions of Tubercul Orders</li> <li>(b) Animals slaughtered under provisions of the Tubercul</li> </ul>	osis the	•••	•••			
(Slaughter of Reactors) Or 1950		12	21			

#### TUBERCULOSIS REACTORS ORDER 1950.

(1)	Corre						No diagram
(1)	Cow	• • •		• • •		• • •	No disease.
(2)	Cow						No disease.
(3)	Steer	• • •		• • •			Skin Tuberculosis.
(4)	7 Cows						No disease.
(5)	3 Calves						Localised.
(6)	Cow					• • •	No disease.
(7)	Steer						Localised.
(8)	Heifer				• • •		No disease.
(9)	Cow			• • •			No disease.
(10)	2 Heifers		• • •		• • •		Localised.
(11)	Steer	• • •					No disease.
(12)	2 Heifers						No disease.
(13)	2 Steers		• • •	• • •	• • •	• • •	Localised.
(14)	2 Cows				• • •		Localised.
(15)	2 Calves			• • •	• • •	• • •	No disease.
(16)	2 Cows		• • •	• • •			No disease.
(17)	2 Calves		• • •	• • •	• • •		No disease.
(18)	Steer		• • •	• • •	• • •		Localised.



MODERN MECHANICAL AND HYGIENIC METHODS OF LOADING. TRANSPORT OF MEAT.



QUALITY CONTROL OF FOOD SUPPLIES.
FORMAL SAMPLING OF SAUSAGES IN A SELF SERVICE STORE.

TABLE 4.

THE TOTAL CONDEMNATION OF CARCASES OF ANIMALS BECAUSE OF TUBERCULOSIS SLAUGHTERED IN THE CITY BETWEEN THE YEARS, 1958—1963.

Year.	Cattle.	Calves	Sheep.	Pigs	Horses.	Total of Animals
1963	5 6 84 63	3 1		 2 8 8	•••	5 6 89 72 100

# Cysticercus Bovis.

During the year 159 cases of this parasite were detected and as seen in Table 5 26 carcases were submitted to refrigeration for a period of at least 21 days before being released as fit for human consumption.

TABLE 5.

INSPECTION OF SLAUGHTERED ANIMALS, 1963.

CARCASES AND OFFALS INSPECTED AND CONDEMNED IN WHOLE OR IN PART.

	Bovine	Calves	Sheep and Lambs	Pigs	Horses		
No. Animals killed No. Animals Inspected	37,959 34,346	1,239 1,116	152,757 103,993	56,048 52,725	287 287		
Tuberculosis: No. Carcases Condemned No. Part Carcase or Organs Condemned % Affected by Tuberculosis	 25 ·07%	 3 ·25 %		 395 ·70%	•••		
Cysticercosis: No. Carcases Affected No. Carcases Condemned No. Part Carcases or Organs Condemned No. Carcases Treated by	158		•••		•••		
Refrigeration	26		•	•••			
Diseases or Abnormal Conditions other than Tuberculosis or Cysticercosis: No. Carcases Condemned No. Part Carcase or Organs Condemned	20	24 47	101 6,034	78 11,802	1 13		

With the operation of the Meat Inspection Regulations 1963, neighbouring local authorities who place affected carcases in city cold-stores are now required to notify this Authority and it is the duty of our meat inspection staff to ensure the detention of these carcases for the requisite period having regard to the temperature of the cold-store.

## Imported Foodstuffs.

During the year, routine visits were made to the Quayside and a percentage of the following meat, offals and other foodstuffs from 115 vessels arriving from Denmark, Holland, Australia and New Zealand were examined.

#### FROZEN MEAT.

BEEF.—Forequarters 264; hindquarters 241.

Offals.—(packages) 5,567.

Mutton.—(carcases) 28,013.

Offals.—(packages) 552.

PORK.—Tenderloins 100.

Offals.—(packages) 17,424.

#### OTHER GOODS.

1,157,638 sides Danish and Dutch bacon and 376,149 cases tinned foodstuffs.

Imported meat arriving by rail and road within the City was subject to supervision and inspection within cold storage depots and wholesale meat shops.

#### Meat and Other Foodstuffs Condemned.

The total weight of meat and other foodstuffs condemned during 1963 was 189 tons, 5 cwts., 3 qrs., 26 lbs., as compared with 182 tons, 14 cwts., 1 qr., 16 lbs. during the previous year and comprised the following:—

	tons	cwts.	qrs.	lbs.
Beef, Veal, Mutton and Pork	20	7	3	25
Offals	54	8	0	12
Provisions	56	7	1	5
Fish	0	1	0	26
Fruit and Vegetables	58	1	1	14
	189	5	3	26

These condemnations involved the issue of 3,305 certificates.

In the City wholesale meat depots and shops there is an extensive trade in home-killed meat imported from other districts in Northumberland, Durham, Yorkshire and further afield in England, Scotland and even Wales. During the course of routine inspection the following meat was condemned and taken in surrender.

BEEF.—3 carcases plus 554 lbs., 1 head and tongue, 25 livers, 16 sets of lungs.

VEAL.—2 carcases.

MUTTON.—10 carcases plus 84lbs., 40 heads, 32 sets of lungs. Pork.—15 carcases plus 222 lbs., 6 plucks, 4 livers.

		1bs.
	-continued.	Tins. 3,968 1,168 10,592 10,592 133 133 144 1,176 10,604 1,176
VEGETABLES, PROVISIONS, &C., HUMAN CONSUMPTION DURING 1963.	TINNED GOODS—cont	Cream Fish Frankfurters Fruit Juice Fruit Pulp Kidney Lamb Chops Mixed Grill Mixed Salad—3 jars Mixed Salad Mixed Salad—3 jars Mixed Salad
LES, P		1bs. 2,023 2,023 7 17 17 17 54 96 756 39 150 10 23 1bs.
FRUIT AND VEGETAE UNFIT FOR HUMAN THE YEAR 1963.	PROVISIONS, ETC.	Bacon Butter Cake Cereal Corfee—2 tims Confectionery Flour Frozen Foods—2,262 packets Lard Mixed Fruit Pies—41 Pickles—49 jars Raisins Raisins Raisins Saude Cream—6 jars Saude Cream—6 jars Sausage Split Peas Suce—71 bottles Sausage Split Peas Suet Whole Egg Tinned Goods Suet Tins. Baby Foods Baconburgers Baconburgers Baconburgers Baconburgers Baconburgers Baconburgers Suet Whole Egg Tinned Tins. Baby Foods 1,496 Baked Beans Suet Tins.
AND D AS		1bs. 1,174 1,174 66 248 33 138 138 1,900 1,900 1,900 1,900 1,900 1,900 1,900 1,900 1,900 1,900 1,800 1
POUĽTRY AND ĠAME, DESTROYED AS BEING	POULTRY AND GAME.	Chicken Rabbit Turkey Fowl Goose Goose Fish (Assorted)  Apples Bananas Blackcurrants Brazil Nuts Cabbage Carrots Celery Cherries Chicory Coconuts Damsons Grapes Lemons Mushrooms Oranges Onions Pears Plums Pears Phums Potatoes Sprouts Strawberries Turnips Walnuts

#### Bacteriological Examinations.

Close liaison is maintained between the department and the Public Health Laboratory Service and in cases of border-line decisions where carcases in good condition have been concerned, the bacteriological examination can be the deciding factor.

A total of three carcases of beef and two of pork were submitted and in the case of a carcase of bullock beef, a certificate was received indicating the presence of S. dublin thus proving the importance of such examinations.

Other foods examined during the year for pathogens were pork sausage, cooked rock turbot, pickled mussels, pork shoulder, desiccated coconut and cooked pork.

	Carcase.		Type of	Disease.	Bacteriological
Beef.	Pork.	Mutton.	Animal.	Suspected.	Findings.
1			Heifer	Septicaemia	No pathogens isolated.
	1		Gilt	Pyrexia	No Pathogens isolated.
***************************************	1		Gilt	Toxaemia	No pathogens isolated.
1			Heifer	Septicaemia	No pathogens isolated.
1			Bullock	Salmonella	Salmonella dublin.

TABLE 7.

#### OTHER FOODS.

Material examined.	Number of samples submitted.	Bacteriological findings.
Pork Sausage	1 3 3 6 12 1	No pathogens isolated.

#### Raw Pet Meat.

In March 1963, in conjunction with the Association of Public Health Inspectors, who were co-operating with the Central Public Health Laboratory, a series of some fifty-three samples of raw pet meat were submitted for bacteriological examination.

In the main, the samples were divided into two categories, that of raw butchers' meat and raw knacker meat and comprised the following:

(1)	Raw butchers' meat—						
	English veal				• • •	1	
	English steak				• • •	1	
	Minced beef from imported b	onele	ss Arge	ntine	e beef	6	
	Stewing steak from imported	Arge	ntine be	eef		8	
	Bechuanaland boneless beef		• • •		• • •	2	
	Australian boneless brisket b					1	
	Eire boneless beef	• • •	• • •	• • •		1	
	Yugoslav boneless beef	• • •				1	
			Total	• • •		21	
(2)	Butchers' scrap meat labelled pet	food	and sol	d in	butcher	s' shop	s
	Pieces of hard liver		• • •		• • •	1	
	Scrap meat	• • •		• • •		2	
	Pig spleens	• • •		• • •	• • •	1	
	Minced beef				• • •	3	
	Minced lungs and scrap meat	• • •		• • •	• • •	1	
			Total	• • •	• • •	8	
(3)	Butchers' raw meat sold in pet sto	res m	ainly fr	om (	ox cheel	k meat	5
(4)	Raw knacker meat sold in pet stor	res	• • •			• • •	15
(5)	Cooked knacker meat sold in pet	stores	S	• •	• • • •		4
	Organisms of the Salmonella gro	oup v	were is	olate	ed in fi	ve sam	ples
	l each case was from a sample						

h case was from a sample of raw knacker meat brought in from outside districts and sold from pet food stores in the City.

(1)	Raw	knacker	beef		• • •	• • •	S.	dublin
(2)	Raw	knacker	beef		• • •	• • •	S.	senftenberg
(3)	Raw	knacker	beef				S.	dublin
(4) $(5)$	Raw	knacker	horseflesh	l	• • •	• • •	S.	dublin

In all cases of knacker meat sampled, the flesh was found to be stained in accordance with the Staining and Sterilisation Regulations 1960.

Although the business of selling raw knacker meat from pet food stores and other premises is not carried out on an extensive scale in the City, there is, nevertheless, a real hazard in the possibility of the spread of food poisoning organisms during the handling and preparation of the meat in unsuitable circumstances.

Suitable approaches were made to the local authorities from whose areas the contaminated knacker meat had originated and a comprehensive report on the handling, distribution and sampling

of raw pet meat was submitted to the Central Public Health Laboratory.

#### **SLAUGHTERHOUSES ACT 1958**

There was no change in the number of slaughtering premises during the year, although there were certain changes in the number of multiple occupiers in the Cattle Market Group.

The disposition of the City slaughterhouses is—Cooksons Lane (1), Pottery Lane (1), Stepney Bank (1), (Horses only), Scotswood Road (1), Railway Street (1), Lime Street (2) and Cattle Market Group (16).

## Slaughterhouses (Hygiene) Regulations, 1958.

The 1st July 1963 was the day appointed under the above Regulations when compliance therewith would be a statutory duty and this particular date had been fixed because it was considered that thereafter the municipal abattoir would be available to the occupiers of the present unsatisfactory slaughtering establishments. Because the abbattoir was, in fact, not available the Minister of Agriculture, Fisheries and Food deferred the operation of the appointed day to the 1st January 1967 when, it is hoped, the abbattoir will be completed. In the meantime conditions in the existing slaughterhouses had deteriorated and after a comprehensive inspection of all these premises major works of cleansing, repair and structural reconditioning were put in hand before the end of the year.

# FOOD AND DRUGS CONTROL

#### Sampling.

During the year 670 samples of foods and household drugs were obtained and submitted to the Public Analyst for examination as compared with a total of 742 samples during 1962. Of the 670 samples 251 were of milk and 419 of other foods of which 277 were formal and 393 were informal samples. Only 15 samples were reported to be non-genuine, constituting 2.24% of all samples taken, a slight reduction on the 2.42% of the previous year.

#### Miscellaneous Foods.

**Sausages.** A sample of pork sausage taken at the end of 1962 and which was found to be deficient in meat content formed the subject of a court hearing early in the year resulting in the vendor being fined £20.

One sample of beef sausage was found to contain sulphur dioxide within the statutory limits but declaration of preservative content was not made at the time of sale and the vendor was cautioned on the instructions of the Committee.

Throughout the year, the sausages sold in the City maintained a satisfactory high standard, the meat content varying between 65.4% and 86.2% with an average of 73.1% in pork sausages and between 50.1% and 78.6% with an average of 59.85% in beef sausages.

**Fish Cakes.** Two samples of fish cakes were found to contain less than the minimum of 35% of fish required by the Food Standards (Fish Cakes) Order 1950. In one case the deficiency was slight and the vendor was cautioned by the Committee; in the other case the deficiency was considerable and resulted in legal proceedings involving a conviction and a penalty of £5.

Meat Pies, etc. The meat content of pies again showed considerable variation, the lowest being 21.8% and the highest 56.2% producing an average of 31.26%, the highest figures for meat content since records have been kept. This improvement may partly be due to the recommendations of the Food Standards Committee of the Ministry of Agriculture, Fisheries and Food, whose report was published during the year wherein a minimum of 25% meat content for pies was recommended. The same report recommended a minimum of 12.5% meat content for pasties and it is encouraging to find that samples of meat pasties taken in the City during 1963 showed a meat content varying between 12.7% and 23.1%.

Among the informal samples taken the following offences were detected:—

- (1) Tinned rice pudding incorrectly labelled—the manufacturer was notified and agreed to amend the label.
- (2) Cream cakes containing cream not made from milk fat, were exposed for sale without the requisite notice displayed—the vendors were cautioned.
- (3) Ice lollies contained 1.6 p.p.m of lead (maximum permitted amount being 1.0 p.p.m.) formal check samples were satisfactory.
- (4) Cut peel contained 190 p.p.m of sulphur dioxide (maximum permitted amount being 100 p.p.m)—formal check sample was satisfactory.

Of the samples of food taken informally 35 had colour in the list of ingredients and all were found to comply with the Colouring Matter in Food Reguations 1957. All samples which could have contained a preservative were examined for its presence and all, except those previously mentioned, complied with the Preservatives in Food Regulations 1962.

A total of 11 samples of various fresh fruits were examined for pesticidal residues and all were found to be satisfactory.

Household Drugs. During the year 40 samples of household drugs were submitted for analysis and of these, one informal sample of ammoniated tincture of quinine and one informal sample of sal volatile were found to be deficient in ammonia. Subsequent check samples proved to be genuine. Only two cases of incorrect labelling in respect of household drugs were discovered and these related to informal samples of tincture of iodine and Parrish's chemical food. The vendors were immediately notified and the labels corrected.

## Liquid Egg.

A factory in the City produces frozen liquid egg which is pasteurised before freezing and distributed to the baking and confectionery trade. The same firm stores and handles large quantities of eggs on behalf of the Egg Marketing Board and it has been the practice when producing frozen liquid egg from such eggs not to carry out pasteurisation.

Early in the year, a request was received to take a series of samples of frozen egg intended for export by the Board as the importing country required an importation certificate to the effect that the egg was free from pathogenic organisms. In all 44 samples were taken from 9 batches of egg, 8 of which batches were found to be infected with salmonella organisms, necessitating the pasteurisation of the whole of the intended consignment. After pasteurisation 79 samples were taken for bacteriological examination and all were found to be satisfactory.

This incident merely emphasizes the need for the pasteurisation of this particular foodstuff and a welcome should be accorded to the Liquid Egg (Pasteurisation) Regulations 1963 which come into operation next year and require that all liquid egg be suitably heat-treated before freezing.

#### Milk.

The general standard of quality of milk sampled in the City during the year was very satisfactory, as all the 208 samples taken were genuine as indicated in the following table:—

AVERAGE COMPOSITION OF MILK SAMPLES

Designation	Number Taken	Fat %	N.F.S. %
Tuberculin Tested (Farm Bottled) Channel Islands Tuberculin Tested (Farm Bottled) Tuberculin Tested (Pasteurised) Pasteurised Sterilised Total	26	5·01	9·18
	6	4·33	9·01
	76	3·77	8·78
	29	3·64	8·76
	71	3·73	8·72

#### Antibiotics in Milk.

In these days of world shortages of food it is appropriate to consider the introduction into our food of unfamiliar chemical substances and the reasons for this increasing practice. It is suggested that two-thirds of the world's population go to bed hungry every night while the remainder have more than enough to eat, and if food is not to be wasted, some means must be found to improve its keeping qualities to enable it to be transported without deterioration over long distances from the areas of plenty to the famine stricken regions. This inhibition of natural decay in food is often achieved by the use of chemcal additives, a practice which has been carried out by the housewife for many generations, and includes the use of salt, sugar, citric and tartaric acids, baking powder and many other commonplace household commodities. The sophistication of foods by chemicals is not of itself necessarily harmful but that there are dangers is a fact which cannot be ignored. Such is the case with the use of antibiotics.

The use of antibiotics as a means of preventing food spoilage has been given attention by the food industry although the range of their use is limited to three particular substances, namely Nisin, Nystatin and Tetracyclines. Nisin is a natural constituent of many cheeses; Nystatin is permitted as a fungicide on the skin of bananas and Tetracyclines are permitted in fish to a limited extent, but the main danger arising from the presence of these substances in food-stuffs is from penicillin and other antibiotics in milk.

One of the principal causes of mastitis in dairy cattle is poor hygiene and if the fullest precautions were taken at the time of production to prevent the occurrence of mastitis much of the need for the use of antibiotics as a remedial measure would be eliminated. It is said that when a cow suffering from mastitis is treated with an antibiotic the antibiotic is excreted into the milk during the first two days after treatment and it is known that in some cases traces may be found in the milk for some days afterwards. In a report of the Milk Hygiene Sub-Committee of the Milk and Milk Production Technical Advisory Committee published in June 1963, it was stated that the presence in milk of antibiotics is undesirable because the regular consumption of small quantities would render some people so sensitised as to render therapeutic doses of these substances ineffective if subsequently needed in case of illness. Furthermore, in some people it is said they cause a form of dermatitis and have an inhibiting effect upon the production within the body of elements of the Vitamin B complex.

A national survey of milk samples taken to determine the incidence of penicillin and other antibiotics in milk was carried out by the Sub-Committee and it was found that in England and Wales 11.08% of the samples taken were, in fact, contaminated with antibiotics. In our own area a total of 43 samples were taken and submitted to the Public Analyst with a view to ascertaining the degree of contamination by antibiotics in milk delivered into the City. All samples were of farm bottled milk. Of these samples 11 were found to contain penicillin or other antibiotics giving a figure of 25.5% of contaminated samples as compared with the national average of 11.08% indicated by the Milk Hygiene Sub-Committee.

The Regional Milk Officer of the Ministry was immediately informed on each occasion to enable him to take appropriate action at the farm and he has, in fact, sent out to dairy farmers an excellent leaflet indicating the steps which should be taken to prevent the occurrence of mastitis. It is clear that the prevention of mastitis is much more important than the application of a cure which involves the risk of contamination of our milk supplies and in this field there is scope for much research and improvement in animal health.

## Bacteriological Examination of Milk.

The bacteriological quality of Tuberculin Tested (Farm Bottled) Milk during 1963 again showed an improvement with only 3.78% of the samples failing to pass the methylene blue test as compared with 5.6% in the previous year, 7.33% in 1961 and 14.9% in 1960.

The improvement in milk samples generally was even more striking as only 1.61% of all samples failed to pass the methylene blue test as compared with 2.37% during 1962.

Since the operation of certain provisions of the Milk (Special Designations) Regulations 1963 as from the 29th September of the year under consideration, only one class of pasteurised milk has been recognised and during the year 301 samples of milk falling into this category were taken. A very low proportion of 0.66% of these samples failed to pass the methylene blue test and all samples satisfied the phosphatase test. All 98 samples of sterilised milk passed the turbidity test.

#### BACTERIOLOGICAL EXAMINATION OF MILK SAMPLES

Designation	Number	Satis-	Unsatis-	% Unsatis-
	Taken	factory	factory	factory
Tuberculin Tested (Farm Bottled)	132	127	5	3.78
(Pasteurised)	154	153	1	0·65
	147	146	1	0·68
Total	433	426	7	1.61

In addition to the above, 71 samples were taken from milk dispensers in stores and snack-bars and submitted to the Public Health Laboratory for bacteriological examination, and of these 15 failed to pass the methylene blue test. The unsatisfactory samples were notified to the District Inspector concerned and after suitable action most check samples were satisfactory.

180 samples of raw milk were examined for the presence of tubercle bacilli and all were free from infection.

20 samples of Tuberculin Tested (Farm Bottled) Milk were examined for the presence of brucella abortus and these too were free from infection.

#### Examination of Churns, etc.

Examinations of milk churns leaving the washing machines were carried out at dairies in the City and 240 churns were examined and all appeared to be satisfactory. In addition to the visual examination, rinses were taken from 81 churns and submitted to the Public Health Laboratory; of these, four were classed as fairly satisfactory, the others as satisfactory. A total of 126 bottles were examined in a similar manner and all were satisfactory.

# The Milk and Dairies (General) Regulations 1959.

During the year the number of premises registered for the sale of milk increased from 766 to 783, and in the same period 47 applications were received and granted registration as retail purveyors.

# The Milk (Special Designations) Regulations 1960.

At the end of the year 780 licences were in force in respect of the use of special designations and 3 licences were operative in relation to milk processing establishments. The year 1963 brought an increase in the number of complaints of milk being delivered in dirty bottles and a total of four such cases were reported to the Committee. Legal proceedings were instituted in three instances resulting in one dismissal and two convictions in respect of a contravention of the above regulations. In addition a total of £13 13s. Od. costs was ordered to be paid by the defendants. Details of these cases are shown later in this report.

#### Ice Cream.

As will be seen from the table below the quality of ice cream manufactured in the city continues to be of a higher quality than that which is retailed in the City from outside manufacturers. All of the 27 samples of ice cream submitted to the Public Analyst for chemical examination complied with the quality standard prescribed by the Food Standards (Ice Cream) Regulations 1959.

The bacteriological quality of ice cream showed a substantial improvement over that achieved during 1962, with 85.6% of samples being satisfactory compared with 73.2% in the latter year. If the staffing situation allowed of more numerous visits and inspections of ice cream premises this would, without doubt, be

reflected in a further improvement of the bacteriological quality of this popular commodity.

#### BACTERIOLOGICAL GRADING.

Provisional Grade	Manufactured in City		Manfactured outside City		Total	
1 2 3 4	No. 70 5 6 10	76·92 5·49 6·59 11·00	No. 29 3 1 1	85·30 8·82 2·94 2·94	No. 99 8 7 11	79·2 6·40 5·60 8·80
	91	100.00	34	100.00	125	100.00

#### CHEMICAL ANALYSIS

Fat Content Percentage	Manufactured in City	Manufactured outside City	Total
Less than 5 5 — 6 6 — 7 7 — 8 8 — 9 9 — 10 10 — 11 11 — 12 Over 12	Nil 3 4 3 2 3 4 1 1	Nil 1 1 Nil 2 1 1 Nil Nil	Nil 4 5 3 4 4 5 1 1
Totals	21	6	27

# Food Hygiene (General) Regulations 1960.

As in recent years the inspection of food premises suffered to some degree because of staff shortages but there was happily some improvement in this respect in the central division after a long standing vacancy for an inspector was filled early in the year. Following this appointment a determined effort was made to carry out a detailed survey of all premises in the city centre involving many late evening visits to clubs and similar premises. In all, legal proceedings were instituted on eight occasions in respect of various contraventions of the Regulations and of these two were still pending at the end of the year. In one case the premises involved were voluntarily closed down within a few days of the inspection and in the remaining five cases the proceedings resulted in the imposition of fines totalling £135, and 24 gns.; costs were awarded to the Corporation. In all these cases the conditions fully

justified prosecution and were only taken after all attempts to secure improvements had failed. The fact that two more cases of legal proceedings were taken during the year than in 1962 is not to be interpreted as meaning that the standard of food hygiene had deteriorated but rather it reflects the department's determination that a proper standard now legally enforceable shall be maintained throughout the city. There is little doubt that there can be perceived as each year passes a slight uplift in the general level of food hygiene in the food distribution trades as a whole. The average purchaser appears to be able and willing to pay for a better standard of marketing and this is evidenced in the continued rise in volume of prepacked foods, whilst the strong competition in the self-service field recently accelerated by the introduction of stamps must involve the most attractive presentation possible of the goods offered to the public.

Another encouraging feature in this field is the lively interest shown by the managements of large food premises, comprising a bacon factory, large bakeries and catering concerns in connection with which it was arranged to deliver lectures on food hygiene to the staffs during working hours and there is little doubt that this innovation, added to the special effort of the managements to be more selective in their choice of staff, both contributed to a marked improvement in hygiene standards in these premises.

In the course of inspections of food premises during the year, a number of minor defects in premises and equipment were discovered but these were very quickly remedied by informal action. It would indeed be gratifying if the same co-operation and encouraging prospects could be related to the outdoor food trader but the Newcastle barrow boy remains as intractable as ever.

# Registered Premises — Food and Drugs Act 1955 and Newcastle upon Tyne Corporation (General Powers) Act 1935.

During the year 67 applications were received for the registration of premises for the manufacture or sale of ice cream or for the preparation of sausages or potted, pressed, pickled or preserved food. These applications were approved by the Committee and at the end of the year the premises remaining on the register were as follows:—

Premises for the sale or manufacture of ice cream	1,127
Premises for the preparation of sausages, or potted, pressed	
or preserved food	275

#### TOTAL NUMBER OF FOOD PREMISES.

	Type of Business.		Number.
(1)	Bakehouses	 	87
(2)	Dairies	 	20
(3)	Food Manufacturing	 	89
(4)	Food Packing	 	64
(5)	Food Storing	 	84
(6)	Catering	 	289
(7)	Grocery and Provisions	 	295
(8)	Butchers	 	282
(9)	Fishmongers	 • • •	63
(10)	Fish-friers	 	84
(11)	Fruiterers and Greengrocers	 	196
(12)	General Dealers	 	493
(13)	Confectioners	 	333
(14)	Licensed Premises (including Clubs)	 	385
(15)	Cinemas and Theatres selling food	 	17
(16)	Miscellaneous premises	 • • •	137
			2,918

#### DISEASES OF ANIMALS

#### Foot and Mouth Disease.

No outbreaks of foot and mouth disease occurred in Great Britain during the year and this happy situation, not the least important feature of which is the economic aspect, can be said to have coincided with the prohibition of the importation of pork from South America.

#### Tuberculosis.

During the year no animal was dealt with under the Tuberculosis Order 1938.

#### Anthrax.

The City was again completely free from anthrax during 1963 and careful watch was always kept for carcases suspected of anthrax and where microscopical examination needed to be carried out.

Within Great Britain 330 outbreaks of anthrax were confirmed during the year and 383 animals were attacked with the disease compared with 340 outbreaks during 1962 involving 377 animals.

#### Swine Fever.

No outbreaks of Swine Fever occurred within the City during the year although serious outbreaks occurred in nearby districts resulting in the City being declared a swine fever infected area from 30th July, 1963 to 26th August, 1963 thereby necessitating special authorisation for holding the livestock market on 6th, 12th, 19th and 26th August.

The number of pigs slaughtered in Great Britain during 1963 because of disease or exposure to infection was 254,786 compared with 600 slaughtered in 1962 for diagnostic purposes. The vast difference in the numbers is accounted for by the "slaughter out" policy of the Ministry of Agriculture, Fisheries and Food which came into operation on 11th March, 1963. This is a similar procedure as applied in the case of foot and mouth disease and the Ministry hope, by pursuing this course, effectively to stamp out swine fever.

Visits were made to piggeries in connection with swine movement under the Regulation of Movement of Swine Order of 1959, the Diseases of Animals (Waste Foods) Order 1957 and the Movement of Animals (Records) Order 1960. Licences totalling 701 were granted for the movement of 6,617 swine from the Cattle Market, mainly to slaughterhouses.

#### Rabies.

Great Britain continues to remain free from this disease and has been since 1922 due, in no small measure, to rigid quarantine regulations.

#### Parasitic Mange.

No outbreaks of this disease occurred within the City or any other part of Britain during the year.

#### Fowl Pest.

Once more our City, which gave its name Newcastle Disease to this affection, has remained free from the disease. However, it is still all too prevalent in specific areas of Great Britain causing considerable economic loss. During the early part of 1963, the Ministry of Agriculture, Fisheries and Food reversed their wholesale "slaughter out" policy of affected flocks and are now relying on the vaccination of chicks in an all-out effort to reduce materially this disease with its attendant heavy costs.

## Railway Cattle Docks and Live Stock Market.

For the purpose of the Transit of Animals Order 1927 regular visits were made to the Cattle Market and the Railway Cattle Docks during the year. The cleansing and disinfection were found to have been carried out efficiently.

One cow was found dead at the Cattle Docks, 2 sheep were found dead in a stock waggon and 3 sheep and 2 pigs were found dead in slaughterhouses together with 1 pig and 1 sheep found dead in lairs. The carcases were disposed of by removal to an inedible material processing plant.

# Prevention of Damage by Pests Act 1949 — Rodent Control Section.

There was no outstanding events in rodent control during 1963, and the year was one of steady and uneventful endeavour although certain trends became apparent.

In dwelling houses there was a slight rise in rat infestation and a pronounced rise in mice infestations. It is felt that mice are showing an increased resistance to Warfarin and this may be a factor in the increase in the number of infestations.

The situation in business premises is more pleasing as there is a definite decrease in rat and mice infestations. Many of these premises are serviced under contract by our Rodent Operators, and it would appear that the regular treatment is having the desired effect. When one looks at the overall picture, however, it becomes apparent that we are doing no more than holding our own against the rodent population as a whole.

During the year we continued to receive advice and assistance from officers of the Ministry of Agriculture, Fisheries and Food by way of Workable Area Meetings and individual consultations and these opportunities are appreciated.

TABLE 8.

RAT AND MICE INFESTATIONS DURING 1963.

	Dwelling Houses	Other Premises	*Local Authority	Total
Number of properties inspected	2,043	2,106	66	4,215
Number of visits (including revisits)	3,309	7,074	338	10,721
Number of properties found to be infested: Rats	361 542	256 407	24 41	641 990
Number of infested properties treated by Local Authority  (a) On complaint  (b) Under contract	903	252 411	65	1,220 411
Number of "Block Control" schemes	109			

<sup>\*</sup> No Agricultural Properties Treated during the year.

#### **FACTORIES ACT 1961**

In recent years there has been a steady decrease in the number of premises in the City occupied as factories but at the end of 1963 it was found that this number had risen to 1760 compared with 1667 at the close of the previous year. It is pleasing to report a very substantial increase in the number of inspections which totalled 4272, almost twice as many as the 2262 of 1962.

The following table shows in the prescribed form the work carried out during the year:—

# PRESCRIBED PARTICULARS ON THE ADMINISTRATION OF THE FACTORIES ACT, 1961.

#### PART 1 OF THE ACT.

1.—INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH (INCLUDING INSPECTIONS MADE BY PUBLIC HEALTH INSPECTORS).

	Number	Number of							
Premises (1)	on Register (2)	Inspections (3)	Written notices (4)	Occupiers prosecuted (5)					
(1) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities (ii) Factories not included in (i) in which Section 7 is en-	161	208	13						
forced by the Local Authority (iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	1401 36	2952	141						
Total	1,760	4,272	155						

2.—Cases in which DEFECTS were found. (If defects are discovered at the premises on two, three or more separate occasions they should be reckonded as two, three or more "cases").

	Nui	nich	Number of cases in which		
Particulars	Found	Rem- edied	Refe To H.M. In- spector	By H.M. In-	prose- cutions were instituted
(1)	(2)	(3)	(4)	(5)	(6)
Want of Cleanliness (S1.)	6	5		2	
Overcrowding (S.2) Unreasonable tempera-		_			
ture (S.3)	_				
Ineffective drainage of	1	1			
floors (S.6)	1	1			
(S.7)— (a) Insufficient	6	6			
(b) Unsuitable or defective	183	176		15	
(c) Not separate for sexes Other offences against the	2	2			
Act (not including offences relating to Out-work)	4	4			
Total	202	194	_	17	

#### Outworkers.

Outworking, as a branch of commercial or industrial activity, continued to diminish in the City, and it is rather surprising that this form of employment, which once was regarded as the last resort of the poorer classes, is now almost exclusively confined to homes of comparatively good social standing. The conditions under which work is carried out are rarely below a very satisfactory standard and the 61 inspections of the 19 outworkers premises made during the year were purely of a routine character.

# PART VIII OF THE ACT. OUTWORK.

(Sections 133 and 134).

	S	Section 133	Section 134							
Nature of Work	No. of out-workers in August list required by Section 133(1)(c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prose-cutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served	Prosec- cutions				
Wearing										
apparel: Making, etc.	19	_								
Total	19	_	_	_						

### **MISCELLANEOUS MATTERS**

## New Legislation.

During the year the following legislation was passed or brought into operation.

#### **STATUTES**

#### Animal Boarding Establishments Act 1963.

No person shall keep a boarding establishment for dogs or cats unless they hold a licence granted by the local authority. Before granting the licence the local authority must be satisfied that the premises are suitable in respect of accommodation, food, water and bedding material. Precautions must be taken to prevent and control the spread of infectious or contagious diseases and to ensure protection of the animals in case of fire or other emergency.

# The Offices, Shops and Railway Premises Act 1963.

The purpose of this Act is to make provision for securing the health, safety and welfare of persons employed to work in office or shop premises and the welfare of persons employed to work in certain railway premises. It also amends certain provisions of the Factories Act 1961.

# STATUTORY INSTRUMENTS

# S.I. 493—Alkali, etc., Works Order 1963.

This Order extends and varies the list of works scheduled under the Alkali, etc., Works Regulation Act 1906 and extends the list of noxious and offensive gases mentioned in that Act.

# S.I. 779 — Housing (Payments for Well Maintained Houses) Order 1963.

This Order fixes new multipliers in respect of payments for well maintained houses in Clearance Areas. These have become necessary as a result of new rating valuations and will produce approximately the same payments as those derived from the previous multipliers and the old rateable values.

# S.I. 884 — Soft Drinks Regulations 1963.

These Regulations re-enact with amendments the Food Standards (Soft Drinks) Order 1953 and the Food Standards (Soft Drinks) (Amendment) Order 1954. The principle changes are—

- (a) the standards of composition for soft drinks made from citrus fruit have been revised;
- (b) labelling provisions are laid down for soft drinks;
- (c) the minimum sugar requirements have been increased and the maximum saccharin quantities reduced;
- (d) the acids permitted for use in soft drinks are specified.

# S.I. 1083—Ice Cream (Heat Treatment, etc.) (Amendment) Regulations 1963.

These Regulations permit the addition of sugar to complete cold mix powder after heat treatment.

#### S.I. 1228—The Transit of Calves Order 1963.

This Order is made under the Diseases of Animals Act 1950 and provides for the protection of calves less than six months old from unnecessary suffering during road transit. It is enforced by local authorities as defined in the Diseases of Animals Act 1950.

## S.1. 1229—Meat Inspection Regulations 1963.

The main provisions of these Regulations are—

- (a) To secure the inspection and marking of all meat from animals slaughtered in a slaughterhouse;
- (b) to impose a charge for meat inspection;
- (c) to describe the manner in which inspectors are to carry out inspections and the circumstances in which meat is to be regarded as unfit for human consumption.

# S.I. 1275—The Smoke Control (Authorised Fuels) Regulations 1963.

These Regulations declare fluidised binderless briquettes, manufactured by the National Coal Board to be an authorised fuel for the purposes of the Clean Air Act 1956.

# S.I. 1278—Animals (Cruel Poisons) Regulations 1963.

The Protection of Animals Act 1911 makes it an offence to place in or upon any land or building any poison. It is a defence, however, to prove that the poison was placed for the purpose of destroying insects or other invertebrates, rats, mice or other small ground vermin. Under the Animals (Cruel Poisons) Act 1962 and these Regulations this defence will not be available if yellow phosphorous, red squill or strychnine is used.

#### S.I. 1298—The Poisons List Order 1963.

This Order adds certain substances to Part 1 of the Poisons List and effects in some cases a change of nomenclature.

#### S.I. 1299—The Poisons Rules 1963.

Under these Rules it is permissable when a prescription for a poison is made out in terms of the Imperial system of measurement to supply the amount which is the equivalent in the Metric system and vice versa.

# S.I. 1313—The Merchandise Marks (Imported Goods) (Raw Cucumbers) Order 1963.

This Order requires imported raw cucumbers (other than gherkins) to bear an indication of origin.

# S.I. 1435—The Bread and Flour Regulations 1963.

In these Regulations requirements are laid down as to the composition of various kinds of bread and flour and restricts the use of colouring, bleaching and improving agents. Certain labelling requirements must be observed in respect of high protein and starch reduced bread and also in respect of bread containing ingredients additional to those in the permitted list.

# S.I. 1503—The Liquid Egg (Pasteurisation) Regulations 1963.

Liquid egg to be used in food intended for sale for human consumption must be pasteurised. The Regulations do not apply to egg broken out on the food manufacturer's premises and used within 24 hours. The method of pasteurisation is prescribed and enforcing authorities may send samples either to their public analyst or to the public health laboratory service to ensure that the alpha-amylase test is satisfied.

# S.I. 1571—The Milk (Special Designations) Regulations 1963.

These Regulations re-enact with amendments the Milk (Special Designations) Regulations 1960. The main provisions are as follows—

- (a) The special designation to be applied to raw milk after 1st October, 1964 will be "Untreated" and will replace the special designation "Tuberculin Tested."
- (b) The special designations "Pasteurised" and "Sterilised" are to continue but the Regulations provide that from 29th September, 1963 until 31st December, 1964 milk which has been pasteurised under licence may be sold either as "Pasteurised Milk" or "Tuberculin Tested Milk (Pasteurised)".
- (c) The licensing authority may authorise the use of the words "Farm Cartoned" as an alternative to "Farm Bottled" where this description is appropriate.

#### SUMMARY OF LEGAL PROCEEDINGS

Case No.	Contravention of	No. of offences proved	Fines imposed	Costs ordered to be paid
				£ s. d.
1	Food and Drugs Act, 1955,— Section 2.	1	£50	3 3 0
2	Food and Drugs Act, 1955— Section 2	1	£50	3 3 0
3	Public Health Act, 1936— Sections 45 and 93	2	£5 Nuisance Order	0 4 0
4	Public Health Act, 1936— Sections 45 and 93	2	£5 Nuisance Order	0 4 0
5	Public Health Act, 1936—Section 45 and 93	2	£5 Nuisance Order	0 4 0
6	Public Health Act, 1936— Section 45 and 93	2	£5 Nuisance Order	0 4 0
7	Housing Act, 1957—		(2 months)	
8	Section 27 (1)	1	Discharged	0 4 0
9	Section 27 (1)	1	£20	3 3 0
	Section 2	1	£5	1 10 0
10	Food Hygiene (General) Regula- ations 1960 (7 Contraventions)	7	£21	5 5 0
11	Food and Drugs Act, 1955— Section 2	1	£20	28 7 0
12	Milk and Dairies (General) Regulations 1959	1	£10	5 5 0
13	Public Health Act, 1936— Section 94	1	Nuisance Order (28 days)	2 3 0
14	Public Health Act, 1936— Section 94	1	Nuisance Order (28 days) £3	

Case No.	Contravention of	No. of offences proved	Fines imposed	Costs ordered to be paid
				£ s. d.
15	Milk and Dairies (General) Regulations 1959	1	£5	3 3 0
16	Housing Act, 1957— Section 27	1	Withdrawn	4 4 0
17	Food Standards (Fish Cakes) Order, 1950	1	£5	5 5 0
18	Milk and Dairies (General) Regulations, 1959	1	Case Dismissed	5 5 0 Against Corporation
19	Food and Drugs Act, 1955— Section 2	1	£10	3 3 0
20	Food Hygiene (General) Regulations 1960	4	£6	3 3 0
21	Food Hygiene (General) Regulations 1960	8	£40	4 4 0
22	Food and Drugs Act, 1955— Section 8	1	£5	
23	Food Hygiene (General) Regulations 1960	4	£10	4 4 0

#### Hairdressing Establishments:

There were 304 hairdressers' premises on the register at the end of the year compared with 302 in 1962. It was possible to carry out only 214 inspections of these premises on which occasions 30 contraventions were noted. More than half of these were in respect of failure to display a copy of the byelaws, the remainder comprising failure to display the registration certificate; lack of provision of sterilising agents; absence of clean neck cloths and premises in need of cleansing. None of the contraventions was of a serious nature and all were readily rectified on verbal request.

## Shops Act 1950:

During the year 297 inspections of shop premises were carried out and the nine minor contraventions of the Act which were discovered were remedied informally. One application for an exemption certificate in respect of the provisions of sanitary accommodation was considered by the Committee and refused as the proposed alternative accommodation was deemed not to be readily accessible. The owner of the premises, after consultation with his architect, found it possible after all to provide suitable and sufficient sanitary accommodation within the building.

# Rag Flock and Other Filling Materials Act 1951:

During the year there was a further reduction in the number of premises registered under the above Act for the use of filling materials, there remaining 20 such premises on the register at the end of the year. There was no change in the two premises licensed as rag flock stores. A total of 96 inspections of registered and licensed premises were made and 16 samples of filling materials were obtained as indicated below and all were found to be satisfactory.

#### SAMPLES TAKEN.

Dog Vilada	2
Rag Flock	3
Cotton Felt	4
Woollen Felt	2
Feathers	1
Coir Fibre	1
	1
Layered Felt	1
Washed Flock	1
	1
	1
	1
reited flock	1
Total 1	6
Algerian Fibre Feathers and Down Felted Flock	1 1 1 1 6

#### Pharmacy and Poisons:

The position at the end of the year in relation to the Part II poisons list was as follows:—

General Dealers	
Hairdressers	12
Druggists	7
Hardwaremen	10
Seedsmen, etc.	13
Chemical and disinfectant manufacturers	4
Electrical Suppliers	
Total	166
New registrations	65

Some explanation should be given for the large increase in the number of listed sellers of Part II poisons—166 as compared with 108 in 1962.

The law relating to the sale of poisons is necessarily complicated but very briefly a shopkeeper may not sell any poison listed in Part I of the Poisons List or any poison mentioned in the First Schedule to the Poisons Rules (notwithstanding that it may be a poison in Part II of the Poisons List) unless the sale is effected by, or under the supervision of a registered pharmacist. Pharmacists and the premises they occupy, are registered by the Pharmaceutical Society.

A shopkeeper, although he is not a pharmacist, may sell any poison (with the exception of those mentioned in First Schedule of the Poisons Rules) which appear in Part II of the Poisons List provided that his name and the address of his premises are entered in a list kept by the local authority. These people are known as listed sellers of Part II poisons and the poisons which they are permitted to sell are those commonly retailed for household purposes, such as ammonia, disinfectants, insecticides and the like. For the purposes of the Pharmacy and Poisons Act 1933 and the Pharmacy and Medicines Act 1941 a body corporate is regarded as a person.

A firm in the City with a large number of branch shops was advised that it was inexpedient for the branch shops to continue to be registered by the Pharmaceutical Society because of the limited supervision which could be given over the sales of poisons which such registration allowed them to carry on and that the branch shops should be no more than premises from which Part II poisons only should be sold.

This was a wise precaution and accordingly the branch shops, numbering 63 in all, were transferred from the Pharmaceutical Society's list to the local authority's list.

During the year nine samples were taken of substances which may have come within the scope of the Act. The Public Analyst reported that two of the samples were composed of materials which are restricted to selling of Part II Poisons and were in accordance with legal requirements. The other seven samples were made of materials the sale of which is not restricted.

#### Merchandise Marks Act 1926.

A total of 52 inspections were carried out under the Act, and 23 infringements were detected. All were in respect of failure to indicate the origin of imported tomatoes and in each case a verbal caution was deemed sufficient.

# Agricultural Produce (Grading and Marking) Act 1928.

The 4 premises registered under the Act for the cold or chemical storage of eggs remain unchanged at the end of the year.

One store had 701 cases (360 eggs per case) in cold store for two weeks in mid-summer and these were allowed out of the store for breaking into liquid egg without being stamped "chilled" or "cold stored".

#### Fertilisers and Feeding Stuffs Act 1926.

During the year, 10 samples of fertilisers and 8 of feeding stuffs were submitted to the Agricultural Analyst. One informal sample of fertiliser and the formal check sample did not comply with the Regulations and the facts were notified to the Ministry of Agriculture, Fisheries and Food and to the Inspector under the Act for the district in which the fertiliser was manufactured.

#### Burial Act 1857—Exhumations.

Only one licensed exhumation took place during the year and that was in respect of the corpse of a French national for re-interment in France. In accordance with the conditions of the licence issued by the Home Office, the district inspector attended the exhumation to take any action that may have been necessary on general public health grounds.

A number of human remains were disinterred from the Friends Burial Ground in Pilgrim Street in the course of excavation work at that site towards the end of 1962 and because of the protracted winter weather in the early part of the year, these remains were stored at the Newington Road Depot until March when the dispersal of the snow allowed them to be re-interred at the Friends Burial Ground at Shotley Bridge.

#### Lectures and Training.

The practical training of Pupil Public Health Inspectors continued throughout the year and although numerous lectures and talks were given on various aspects of public health inspectors' work to health visitors, medical students and D.P.H. students perhaps the greatest demand lay in the field of atmospheric pollution. More than 20 lectures on Clean Air were delivered to lay organisations of all kinds, followed on each occasion by a showing of the film "Clean Air" presented to the department by the Shell-Mex Oil Company in the previous year. Equally valuable were a number of lectures on Food Hygiene delivered by various members of the staff to staffs of various bakeries and catering firms.

During the year a number of Inspectors obtained refresher training at courses held dealing with the fixing of approved appliances in smoke control areas; grit and dust emissions and on general subjects at the week-end school organised by the Association of Public Health Inspectors and held at Lambton Castle.

Overseas visitors included two public health inspectors from the Sudan and one from Yugoslavia who spent a fortnight with the department under the auspices of the London School of Hygiene and Tropical Medicine. They were most appreciative of the instructional programme which had been prepared for them.

#### Staff.

Reference was made at length in my last annual report to the circumstances which cause shortages of inspectorial staff in the large industrial towns whilst the salubrious areas of rural and coastal England rarely, if ever, experience any recruitment difficul-

ties. This regrettable situation was evident in the North but at the end of the year preliminary figures revealed that virtually all vacancies for public health inspectors were confined to the County Boroughs and that the shortage in our own department was by far the worst in the whole of the region. In the past ten years 27 public health inspectors have been trained and qualified in the department but only 7 of these remained in our service at the end of the year, and even more significant, it is known that 5 of these will be leaving the department in the early months of 1964, for posts carrying higher remuneration and very much better working conditions in a much more agreeable environment.

The acceptance of the principle of financial compensation for more onerous work and unpleasant working conditions in industrial areas is indicated by the Industrial Plusage which, for so many years, has been a meaningless addition to salary gradings. Apart from the fact that the insignificant financial benefit arising from this award does not in any way offer an inducement to recruitment in industrial areas, the absurd position now prevails that even seaside resorts and most rural areas have adopted the payment of "industrial" weighting.

Many citizens outside the confines of public health would be surprised at the number of public health inspectors who have chosen, as a vocation, to serve the needs of the less fortunate sections of the community and who spend their working career in the ugliness and grime of our industrial cities but in this age of social progress recruitment to the health services should not have to rely upon motives or altruism.

The payment of the present industrial award should be abandoned as soon as possible and substituted by a realistic and substantial salary weighting payable in large areas of industrial population and in the larger cities where living costs are invariably higher. Only in this way can the burden of training be eased from those industrial public health training centres which for years past have supplied the staffing needs of Public Health Inspection Departments in the rest of the country.

# Staff Appointments.

The loss of Mr. W. Cockburn resulting in a vacancy for a Divisional Inspector (Food Inspection and Control) is referred to

below and this post was filled by the promotion of Mr. G. F. Phillips, Senior Meat Inspector serving in the Department.

Although no pupils qualified during the year the department was fortunate in obtaining the surplus of newly qualified recruits from other authorities and from this source, Messrs. K. W. Thompson of Lanchester R.D.C. and J. Gray of Tynemouth C.B. were appointed as District Public Health Inspectors. A notable addition to the staff was Mr. W. F. Mandle from Nottingham C.B. who took up the post of Divisional Inspector (Admin.) and from Scotland we obtained Mr. E. O'Connor our first Authorised Meat Inspector. The intake of pupils during the year comprised Messrs. J. S. Spears and H. D. Wilson.

#### Staff Resignations.

The list of resignations for 1963 makes gloomy reading. Perhaps the greatest losses were the departures of Mr. R. Burfield, Divisional Inspector (Housing and Smoke Control) who was appointed to the post of Deputy Chief Inspector, City of Cambridge, and Mr. W. G. Ingledew, Divisional Inspector (Admin.) who accepted the appointment of Lecturer in Public Health at the College of Further Education, and who still maintains a close and useful liaison with the department in connection with the recruitment and training of pupil inspectors.

From the district inspection staff some very promising young inspectors were lost comprising Messrs. J. A. Cadman who now serves the Helston Borough Council in Cornwall; R. Calland who went to Stanley U.D.C.; G. Maddison, who was attracted by the higher salary, to Wallsend M. B. and G. T. Phillips who for a similar reason went to the City of Cambridge.

Because of the uncertainty of the future of smoke control, less anxiety was felt over the resignations of two smoke control investigators, Messrs. T. P. Sheedy who unfortunately left because of ill-health and H. N. Murdie who now serves in the City Planning Department. Mr. T. Bennet, a rodent operator also left the department during the year.

#### Obituary.

A very sad and grievous loss to the Department was the untimely death of Mr. W. Cockburn, Divisional Inspector (Food Inspection

and Control) on the 25th January 1963, at the age of 63 after a brief and painful illness.

Mr Cockburn commenced duties in the Health Department in 1914 and was the longest serving member of the staff. He was appointed a Public Health Inspector in 1922 and was engaged during the whole of his service in the inspection and control of food. Throughout the northern counties and indeed much further afield he was an acknowledged authority on meat and food inspection and several hundreds of inspectors now serving in various parts of the country as well as abroad were trained by him in Newcastle. Mr. Cockburn was a man of considerable personal charm and was greatly esteemed and respected by his colleagues in the service as well as by the countless friends he made in the meat and food trade throughout Tyneside.

#### Conclusion.

The preparation of this report was begun after the conclusion of a difficult year but despite the difficulties of staffing, the uncertainties attached to the future of atmospheric pollution abatement and the never-ending improvisations devised to deal with the increasing burden of meat inspection in out-moded insanitary slaughterhouses—despite all these inimical circumstances of 1963, much was achieved during the year in the field of environment health. Nevertheless, any public health inspector who has the true interests of the community at heart, can never be satisfied until a polluted atmosphere is only of historical interest, slum clearance is an accomplished fact and meat and food inspection is carried out in hygienic surroundings in a modern abattoir. In these aspects as well as in others, 1964 will continue the challenges of the past and I shall be as grateful in the future as in the past for the loyalty and support of the staff as a whole in dealing with these problems. To the Divisional Inspectors I am also indebted for the statistical material included in this report and once more sincere thanks are offered to the Senior Administrative Assistant and his clerical staff for the help always so readily available throughout the year.

Without the friendly assistance from various members of the Town Clerk's Department the tasks of slum clearance, smoke control and the prosecution of offences in court proceedings would have been much less easy of accomplishment and sincere appreciation is gladly offered. Although perhaps less frequently sought during the year just past, the guidance of the City Architect's Department on prior approval under the Clean Air Act is nevertheless acknowledged and to the City Estate and Property Surveyor's Staff sincere thanks are offered for the preparation of plans, very often at extremely short notice.

To individual members of the Health and Social Services Committee and to the Committee as a whole I offer thanks for their unfailing support and the patient consideration they have always given to the many problems submitted to them during 1963.

To the Medical Officer of Health I am particularly indebted for a year of unwavering friendly support. Writing as one who has gained a fairly wide experience of Public Health Departmental administration, I can affirm that this generous measure of co-operation and goodwill not only lightens the daily task but also contributes materially to the efficiency and achievements of the health inspection services as a whole.

L. MAIR,

Chief Public Health Inspector.

# APPENDIX I

#### BIRTHDAY CHECK-UP SCHEME.

In Newcastle upon Tyne toddler clinics have never been organised within the child welfare service, but reliance has been placed on the health visitors inviting a mother with her child to the clinic if there has been a specific reason for this child's attendance. At the end of 1962 it was agreed that a scheme should be started by which every child received the opportunity of a medical examination at each birthday. In this way an attempt was made to determine all defects amongst pre-school children. A birthday card was sent to each child on each birthday with an invitation to attend the nearest centre for a birthday check-up on a specific day. The health visitors were responsible for sending in, regularly, to the central office, lists of children in their districts who were approaching a birthday and the appointments were sent accordingly. No personal visit was made to explain the reason for such a check up but the covering letter was explicit.

This scheme started at the beginning of 1963 and at first only one or two sessions per month were set aside for birthday check-ups at each centre. It was thought that the response might be rather poor until the scheme got under way but this was not the case. The response was quite good and the medical officers were kept busy with birthday examinations to the exclusion of much of their normal routine clinic work. Even when the appointments were spread over all the sessions it was obvious that the scheme could not work satisfactorily within the child welfare clinic service without putting on extra sessions. The whole scheme was therefore reviewed and discussed in the light of the results of the first six months. These results are shown in the following table.

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	Name of Centre			Benwell	Leazes	East End.	Jesmond	Walkergate	St. Anthony's	Fawdon	Elswick	Benton	Diana Street	Fenham	Shieldfield	Wharncliffe St.	Heaton	Slatyford	Woodland Cresc.	City	Kenton	Byker	Blakelaw	Total			

\*(Non-attenders are those who have never attended the clinic or so seldom—perhaps once—that they are not known to the clerks. Attenders are well-known though they may not have attended in each year.)

From these figures certain facts can be deduced:—

- 1. Only about 40% of those sent for kept their appointments.
- 2. Of those attending about 89% were regular clinic attenders and so could have had check-ups in any case.
- 3. The largest proportion of appointments kept were for first birthday check-ups—both in respect of clinic attenders and non-clinic attenders.
- 4. The number of referrals increased with the age of the child.
- 5. 54 of the 58 referrals would probably have taken place irrespective of the scheme.

An analysis of the reasons for the 58 referrals is shown below:—

Ear, Nose and Throat conditions	3
Squints	20
Heart murmers	7
Orthopaedic defects	24
(mainly knock knees)	
Speech defects	2
Phimosis.	1
Hernia	1

It is estimated that the Scheme in postage and printing cost £91 during the six months, besides occupying the equivalent of approximately one and a half clerks time. Only 40% of those sent for attended, and 36% would probably have come anyway. So the only definite dividends from the scheme have been:—

- (a) 4% of children who would probably never have attended a clinic have had a medical examination.
- (b) One child in nearly 1,500 has been referred for advice and treatment for a defect which might otherwise not have been detected.

After a good deal of consideration and discussion of the review findings it was decided that only one birthday check-up should be done by invitation and appointment and that the most advantageous time for this would be at the second birthday. This is now in operation, but many mothers still bring their children for medical examination at other birthdays, particularly the first.

Four of the children referred for advice or treatment, two aged two years and two aged four years, did not attend for such advice or treatment.

# APPENDIX II

## HOMELESS FAMILIES

NEWCASTLE UPON TYNE 1963.

(Dr. J. T. Jones and Mr. G. M. Bryan, Deputy Director of Housing).

#### The Plan.

A brief outline of the plan for assisting families finding themselves homeless in the City for one reason or another was set out in the Annual Report for 1962.

The account which follows is a summary of the work done by several officers in both the Housing Management and the Health and Social Services Departments—in fact the work would not have achieved the success it did had it not been for the spirit of 'combined service' amongst all concerned. Particular thanks are due to Mr. A. Philipson, Senior Housing Inspector of the Housing Management Department and Miss J. Reader and Miss M. Clifford and their staff in the Almoner's Section of the Health and Social Services Department.

In January 1963 following months of discussions between the Housing Management and the Health and Social Services Departments and their parent Committees it was decided to set up an Evictions Joint Sub-Committee whose aim was to—

- (a) prevent eviction.
- (b) provide temporary accommodation for those evicted.
- (c) rehabilitate those evicted after accommodation had been found.

The scheme was divided into three phases—

- (a) *Pre-eviction*.—all threats of eviction brought to the notice of any department would be passed to the Almoner in the Health and Social Services Department, the aim being to investigate the eviction threat in order to prevent it.
- (b) Eviction.—if the eviction took place, temporary accommodation for the whole family would be provided at "Lancefield House," an adapted Local Health Authority Day Nursery.
- (c) Post eviction—Accommodation of varying standards would be provided by the Housing Management Committee, the principle being to provide shelter. Follow up by Social Worker staff to rehabilitate or support the rehoused families would follow.

# TABLE I. WORK DONE IN 1963.

Threatened eviction	Rehouse  Health & Social Services Dept.	Housing Dept.	Found own accommodation.	No action required	Threat Removed	Continuing threat
705	57	155	73	17	89	314

From Table I it can be seen that 705 families were threatened with eviction—212 were rehoused (57 Health and Social Services Department—155 Housing Department and 73 found their own accommodation) 314 families were still under threat, i.e., still threatened with notice to quit or by family discord etc., and some of them were a considerable source of concern to both departments.

#### (a) Pre-eviction stage.

TABLE II.
SOURCE OF REFERRAL.

	Housing Department	Health & Social Services Department	Total
Direct to the Department By Councillors, M.P.s'	438	118	556
and other Departments	63	86	149
Total	501	204	705

From Table II it will be seen that 75% were referred directly to one of the departments, the remainder through Councillors, M.P.'s, Bailiffs etc. Since this is the phase of primary prevention an attempt has been made to discover the type of tenancy under threat.

TABLE III.

TYPE OF TENANCY UNDER THREAT OF EVICTION.

Type of Tenancy.	Numbers
1957 Rent Act—	
Decontrolled	207
Controlled	51
Furnished accommodation	160
Living with relatives—	
Private tenancy	50
Corporation	86
Tied accommodation	38
Corporation tenants	38
Matrimonial disharmony	28
In residential homes or hospital	20
Unauthorised occupation	11
From outside areas	13
Owners	3
O WHOIS	
Total	705

#### The reason why the tenancy was sought by the landlord.

Table IV indicates that bad landlord-tenant relationships and non-payment of rent are the most common reason for the threat to evict. Rent arrears gave rise to only 12% of threats of eviction but decontrolled tenancies were also a major source.

Furthermore the Advisory Service of the Citizens Advice Bureau if more frequently used and especially before relations became strained would go a long way towards solving the pre-eviction tension. Agents, too, can be very helpful. All tenants, aware of rising tension, would do well to seek independent advice. The Marriage Guidance Council could render valuable assistance.

Over 40% of threats of eviction were not supported by a valid type of note and one in seven of the reported threats of evictions were from Immigrant landlords.

TABLE IV.

Reason given why possession was sought by the landlord or main tenant.

Bad tenant Bad tenant Discord between tenant and landlord Selling with vacant possession For use by own family Corporation Possession Orders Tied accommodation and services terminated Overcrowding Repairs requested Repairs ordered by public health inspector Executors sale Bankrupt or Mortgage foreclosed Family Discord amongst Corporation Tenants Family Discord amongst private tenants	Total.  86 82 73 64 56 38 19 10 9 3 86 50
Family Discord amongst Corporation Tenants	86
Unauthorised occupation	11 35 8
	705

TABLE V.

Analysis of families who have been threatened with eviction.

F:	amily Size	Number	Tota
	ngle men	21	21
	ngle women	63	63
	ouples	56	112
	ouples with 1 child	124	372
	ouples with 2 children	130	520
Č	ouples with 3 children	86	430
	ouples with 4 children	46	276
	ouples with 5 children	22	154
C	ouples with 6 children	11	88
C	ouples with 7 children	5	45
C	ouples with 8 children		40
Č	ouples with 9 children	4 1	11
C	ouples with 10 children	$\overline{2}$	24
C	ouples with 11 children	1	13
W	omen with 1 child	29	58
W	omen with 2 children	31	93
	omen with 3 children	20	80
	omen with 4 children	5	25
	omen with 5 children	3	18
	omen with 6 children	4	28
	omen with 7 children	1	8
	omen with 8 children	1	9
	other and sister	4	8
		670	2,496
U	nknown composites	35	
	Total	705	

Table V shows that the scheme revolved round the availability of temporary accommodation at Lancefield House and of the 705 families threatened by eviction it was only necessary to admit 92. This was usually due to:—

- 1. The unexpectedness of the eviction.
- 2. Lack of suitable alternative accommodation.
- 3. The availability of admittance to Lancefield House allowed time for other arrangements and enquiries to be made (sometimes to discourage collusion).

#### (b) Eviction Stage.

During 1963 285 families were evicted (see Table I). Of these 92 were accommodated in temporary accommodation provided at Lancefield House between 18th March and 31st December 1963. They spent 1,070 'family days' in the Centre (i.e. an average of 11 days per family). These families consisted of 48 males, 92 females, 210 children, as shown in Table VI. The Committee's policy for the accommodation was that—

- (a) whole families would be admitted, a family meaning an adult plus a child. There might be a few exceptions.
- (b) the stay would be temporary
- (c) facilities would be provided for storing furniture whenever possible.
- (d) a minimum charge of 2/6d. per night would be made.
- (e) cooking and washing facilities would be provided but not foodstuffs.
- (f) social worker staff would visit to assess the needs of the families.
- (g) a 24 hours warden service would be provided.

In addition, (i) a Health Visitor from the nearby clinic would visit daily and (ii) parents would be responsible for calling their own general practitioners when required.

The building was modified by the Director of Housing the cost being met by the Health and Social Services Committee.

The running costs were to be the responsibility of the Health and Social Services Committee but the Warden would be on the establishment of the Director of Housing.

TABLE VI.

	1			1	
Families accommodated at Lancefield House	No. of Units	Male	Female	Children	Total
Single Women	8		8		8
Couples	1	1	1		2
Couples with 1 child	14	14	14	14	42
Couples with 2 children		11	11	22	44
Couples with 3 children	13	13	13	39	65
Couples with 4 children	3	3	3	12	18
Couples with 5 children		4	4	20	28
Couples with 6 children		1	1		•••
Couples with 7 children		1 1	1	/	9
Couples with 8 children	1	I.	1	0	10
Women with 1 child	11		11	11	22
Women with 2 children			10	20	30
Women with 3 children	9	• • •	9	26	35
Women with 4 children	2		2 2	8	10
Women with 5 children		• • •		10	12
Women with 6 children	2	• • •	2	12	14
	90	48	90	201	339

- Of these families 13 came from outside the City and were:—
- (a) finally placed in Part III accommodation by:—

  - (i) Durham County Council—2(ii) Northumberland County Council—2
- (b) found accommodation by the Almoner—3.
- returned to their own area—5.
- 2. Eight Corporation tenants who were evicted by Court Orders for arrears of rent were later 'rehoused'. Of these:
  - 1 has again been evicted and has found his own accommodation.
  - (b) 1 has again been evicted and has again been 'rehoused'.
- Three Corporation tenants who 'evicted' their wives and families were peaceably dispossessed and the wives reinstated.
  - Eleven families have been returned to their former address.
  - Five families have been found accommodation by the Almoner. 5.
- 6. Fifty two families have been 'rehoused' (in addition to the eight Corporation tenatns).

#### Follow-up stage. (c)

TABLE VII. FOLLOW UP BY ALMONERS.

Follow up by Almoners.	Where Tenancy was saved	Tenant found own accommo- dation	Family I by Housing Dept.	Rehoused by Health & Social Ser-
Results	36	45	49	vices. 56*
Further notice to quit	4	4	• • •	• • •
Functioning well, required one or two visits	6	15	24	8
Intensive follow-up		9	8	30
Assisted by W.V.S. etc		4	2	2
Women returned to husband				• • •
No follow up		10	15	12
Left district		3	•••	4

<sup>\*</sup>N.B.—This total is 56 because one man had two accommodation problems. He was very successfully placed in accommodation in an unfurnished flat belonging to the Newcastle Housing Improvement Trust. Due to his psychiatric condition, he gave up his tenancy and left Newcastle, but returned almost immediately and came back for assistance again through the Hospital Almoner. He was again rehoused and received intensive follow up visits.

The threat of or actual eviction is often an indicator of many family social problems. Many of those under threat of eviction should receive intensive case work but because of insufficient staff the case work of necessity is selective. Existing social worker staff cannot meet the need for follow up. This needs further consideration and more staff to render continuing support to these families after rehousing.

Nevertheless it is pleasing to see that further breakdown is being prevented since so far only 8 have received further notice to quit, indicating a definite stabilisation of the family situation.

#### FOLLOW UP BY HOUSING DEPARTMENT STAFF.

The benefits of the re-organisation of the Housing Department are now being felt, and although at the inception of the eviction scheme it was not possible for Housing Welfare Officers to follow up in every case, the position has now improved and whenever an evicted family is rehoused in Council controlled accommodation there will be an automatic follow up if there is an apparent need. Only in those cases where specialist welfare services are required, i.e., mental health etc., or where rehousing takes place in private accommodation, will the follow up still be carried out by social workers of The Health and Social Services Department.

# APPENDIX III

## OCCUPATIONAL HEALTH SERVICE.

(Dr. J. T. JONES.)

The first phase of the Corporation's Occupational Health Service which commenced on 1st January 1963, consists of

- (a) the examination of applicants for entry into the Sick Pay Scheme or Superannuation Fund. This is done by asking applicants to complete a comprehensive questionnaire which is scrutinized by one of the medical staff and medical examination carried out where necessary. All entrants who come into contact with children are referred for X-Ray examination of chest.
- (b) special medical examination of staff absent through sickness.
- (c) advice to Chief Officers on the type of employment which can be undertaken by workmen found unfit to continue their normal employment.
- (d) attendance by the Medical Officer of Health or Senior Medical Officer (Administration) at the Wages Committee to give advice where necessary on applications for sick pay extensions.

The success of this service depends upon the co-operation of all departments of the Corporation and also the general practitioners. It is readily given and greatly appreciated.

The Scheme will be further extended at a later date.

During the year 1,300 new applications were scrutinized, 184 required examination (14%). The reasons for referral are analysed in Table II. Orthopaedic conditions are most common, with mental disorder surprisingly high.

# TABLE I.

# ENTRY INTO SICK PAY AND SUPERANNUATION SCHEME.

		Number examined	Unfit
Sick Pay	905	142 (15.6%)	1
Superannuation	395	42(10.6%)	0
Total	1300	184(14·0 %)	1

#### TABLE II.

TRIBLE II.		
Reasons for referral	Sick Pay	Superann- uation.
Orthopaedic conditions	. 16	8
Mental and psychoneurotic disorders	. 15	6
Diseases of bones	. 14	3
Duodenal and gastric ulcers		1
Diseases of breast and female genital organs	. 11	1
Symptons and ill defined conditions	. 11	• • •
Diseases of respiratory system		4
Diseases of circulatory system		5
Ear conditions		• • •
Eye conditions		2
Diseases of genito urinary system		3
Tuberculosis		2
Discharged from army		• • •
Intestinal disorders		3
Age		1
Diseases of thyroid gland		• • •
Disabled persons		1
X-Ray unsatisfactory		• • •
Allergies		• • •
Diabetes		1
Diseases of liver		1
	142	42

#### Special Medical examinations.

Two medical examinations were arranged for superannuated staff. Both retired on medical grounds.

During the year 149 workmen participating in the Sick Pay Scheme were referred to the Department for examination. Prior to examination full discussion took place with their family doctors. This sometimes excluded the necessity for physical examination.

# TABLE III. SPECIAL EXAMINATIONS FOR SICK PAY SCHEME

Examined	Number fit.	Number unfit for present work		Number died
149	106	14	27	2

Table III shows that of the 149 examined 106 were eventually fit to return to work; 14 were found to be unfit for their present job and a recommendation was made for lighter work; 27 were retired on medical grounds. Unfortunately 2 died but following discussion at the Wages Committee extension to sick pay was approved during the terminal illness.

#### TABLE IV.

Reasons for referral	Number
Diseases of respiratory system	43
Orthopaedic conditions	36
Diseases of circulatory system	18
Symptons and ill-defined conditions	11
Diseases of bones	7
Intestinal disorders	6
Mental and psychoneurotic disorders	6
Neoplasms	4
Abscess	3
Eye conditions	3
Entry into sick pay scheme	2
Diabetes	2
Diseases of genito urinary system	2
Diseases of breast and female genital organs	2
Tuberculosis	1
Duodenal and gastric ulcers	1
Ear conditions	1
Dying	1
Dyms	
	149

The main reasons for referral as seen in Table IV are not unexpected being the well recognised medical causes of sickness and absence from work, namely respiratory illness, orthopaedic (rheumatism etc.) and heart disease.

When the various departments move to the Civic Centre during 1964 the next stage in the development of the Occupational Health Service will commence namely—

- (a) the employment of a nurse to work in the Medical Centre.
- (b) an advisory service to corporation departments on environmental, social and emotional problems encountered by staff.

# APPENDIX IV

# WORK OF THE NEWCASTLE EXECUTIVE COUNCIL

(Mr. K. N. OGDEN).

It is the statutory duty of the Executive Council under Part IV of the National Health Service Act, 1946 (as amended) to:—

- (a) make arrangements with medical practitioners for the provision of personal medical services (including maternity medical services) for all persons in Newcastle who wish to take advantage of the arrangements—these services are known as "general medical services";
- (b) make arrangements for the supply of sufficient drugs and medicines and prescribed appliances necessary for the treatment of all persons who are receiving general medical services and for the supply of prescribed drugs and medicines necessary for the treatment of persons who are receiving general medical services—these services are known as the "general pharmaceutical services";
- (c) make arrangements with dental practitioners under which any person may, when required, receive dental treatment and appliances—these services are known as "general dental services"; and
- (d) make arrangements with ophthalmic medical practitioners and ophthalmic opticians for the testing of sight of all persons requiring such a test and for the supply of glasses thereafter found to be necessary—these services are known as the "supplementary ophthalmic services."

On 1st January, 1964, there were 216 doctors (120 practising mainly within the City) on the Medical List. The total number of patients at that date on doctors' lists was 269,578, a figure which is in excess of the population of Newcastle based on the Registrar General's estimate. This apparent inflation of doctors' lists is probably due, at least in part, to the rehousing programme—persons on removing outside the boundaries not having selected a new doctor or secured acceptance on their doctors' Northumberland lists.

1,532,208 prescriptions were dispensed during the year by city chemists and appliance contractors of which at 31st March, 1964, there were 103. The total cost of these prescriptions to the National Health Service was £619,011.

During the year 3,573 claims were submitted by doctors for maternity services rendered to their patients. The gross fees paid for these services amounted to £35,074. The Medical Officer of Health is a member of the Local Obstetric Committee.

At the 31st March, 1964, there were 85 principal practitioners providing general dental services in the City. 90,809 courses of treatment were given during the year 1st April, 1963 to 31st March, 1964 as compared with 85,062 the previous year. Of this it is estimated that some 29.3% of the patients resided outside the city boundaries.

Under the supplementary ophthalmic service, 55,150 sight tests were given during the year, 948 to children under arrangements made with the Local Authority. 42,514 persons were supplied with glasses during this period. Approximately 43·1% of the applicants for sight tests and glasses resided outside the city boundaries.

The total expenditure on the various services administered by the Council during the year ended 31st March, 1964 was as follows:—

General Medical Services Pharmaceutical Services General Dental Services Supplementary Ophthalmic Services Administration	£ 457,097 621,154 269,069 91,016 21,525
	£1,459,861

Based on the Registrar General's estimate of population at 30th June, 1963 this represents an expenditure of £5 10s.  $10\frac{1}{4}$ d. per head but it should be remembered particularly of the general dental services and the supplementary ophthalmic services, that residents in surrounding areas come into the city and take advantage of the facilities available.

The following members of the Local Authority served on the Executive Council during the period 1st April, 1963 to 31st March, 1964, viz. Coun. B. Abrahams, Coun. R. C. Brown, Coun. Mrs. C. M. Lewcock, Dr. R. C. M. Pearson, Ald. Dr. H. Russell, Ald. Mrs. C. C. Scott, J.P., Mr. J. W. Telford, Coun. H. J. White.

# APPENDIX V

## VOLUNTARY ORGANISATIONS.

Most of the Voluntary Organisations in the City publish their Annual Reports which outline the work they do for those who need their services and the admirable way in which they each fill a gap in the Statutory Services.

The work these Voluntary Organisations do is worthy of a wider circulation and I therefore, decided to invite two of them to contribute to this Annual Report each year an outline of their activities. I intend to continue this series year by year and am grateful on this occasion to Miss A. M. C. Greenlees, Branch Director, and Mrs. J. H. Crowthers, Branch Welfare Officer of the Northumberland Branch of the British Red Cross Society, and Mrs. M. Dray, County Borough Organiser of the Women's Voluntary Services, for the information they have given.

#### WOMEN'S VOLUNTARY SERVICE.

I am grateful to Mrs. M. Dray, County Borough Organiser of the Women's Voluntary Service for accepting my suggestion that she should report on the work of the Women's Voluntary Service and have pleasure in including her report.

#### Feeding.

- (a) *Meals on Wheels* delivered in Fawdon, Blakelaw and Kenton areas on four days per week (6,656 meals).
- (b) Luncheon Clubs—Five Luncheon Clubs were opened in conjunction with clubs for the elderly (4,678 meals).

#### Clubs for the Elderly.

There are 17 and all have good membership and offer an excellent afternoon's entertainment and interest. Six clubs run concert parties which do great service entertaining other old people's clubs, in old peoples homes and in the geriatric wards of the hospitals. Also the concert party members benefit greatly themselves from their own efforts and the joy they bring to others.

#### Holidays.

- (a) Holidays for the elderly are arranged, money collected, if necessary in instalments and the members are equipped to derive the maximum benefit from the holidays, escorts being provided, if necessary (100).
- (b) Information is obtained from applicants for admission to the William Leech Holiday Homes. Escorts are provided for those who are accepted.
- (c) Sixty-six needy children were given a holiday for a week or a fortnight with approved hostesses.

#### Visiting—on request.

- (a) from hospital almoners, health visitors etc. visits are arranged for elderly people in their own homes if they so desire them. Such visitors as well as relieving loneliness help in any way possible, e.g., shopping, letter writing, etc. (120).
- (b) from relatives. Relatives living away from the district request visits to their old people and they are informed of any needs. This is a very common request.
- (c) to patients in hospital who are lonely and have no visitors. Reading to eye patient, shopping and letter writing, providing entertainment especially in geriatric wards.

#### Escorts.

- (a) To and from hospital for treatment or consultation. (30).
- b) To visiting relatives, especially those in hospitals or institutions, e.g. Wylam Convalescent Home, Prudhoe Hospital.
- (c) To and from the railway or bus station when going to another part of the country either to live or to visit relations. If it is necessary to change trains at the connecting station the people are met and put on the correct train.

#### Chiropody.

Blakelaw Clinic is manned one day per week and one half-day per fortnight. This is a most successful service. (500).

#### Gifts.

- (a) Coal. Old people were supported with coal which had been given and bought with money sent. (100).
- (b) Blankets. Sixteen old people received new blankets.
- (c) Shawls. At Christmas 120 old women received shawls made by W.V.S. members.
- (d) *Parcels*. Christmas parcels were given to 128 people and a list of needy people supplied to Heaton Rotary Club and the Manager of the Haymarket Cinema. Eighteen children also received gifts of toys.

#### Homes.

A Home for elderly women with 10 single room flatlets is administered.

#### Clothing.

- (a) Clothing was supplied from the clothing store on recommendation of need to discharge prisoners, people going into hospital, convalescent home, etc. or on holiday. (3,000).
- (b) A Working Party meets weekly to make do and mend clothing.

#### Bedding and Furniture.

Articles of furniture were given to families in need. (230).

#### Canteen Services, etc.

- (a) Canteens were maintained at the Newcastle General Hospital in the Casualty Department, Megavoltage Unit and Neurological Department.
- (b) A Tea Trolley Service was provided in the Neurological Department at the Royal Victoria Infirmary.
- (c) At the Ministry of Pensions, a Refreshment Trolley was provided in the Limb Fitting Centre.
- (d) A Canteen Service was set up in the Out Patients Department at the Fleming Children's Hospital and at Walkergate Hospital.
- (e) A Trolley Shop was provided at Hunters Moor Hospital.

#### Other Welfare Work.

On request from the Prison Welfare Officer, prisoners' families are visited. (12).

#### Expansion.

There is room for expansion in the luncheon club service, chiropody, child minding at infant welfare clinics, collection and distribution (with facilities for storage) of gifts of furniture and bedding, and entertainment in hospitals.

#### BRITISH RED CROSS SOCIETY.

I am also indebted to Miss A. M. C. Greenlees, Branch Director, and Mrs. J. H. Crowthers, Branch Welfare Officer, of the Northumberland Branch of the British Red Cross Society, for the following Report on the work of the Branch in Newcastle upon Tyne during 1963—

The Welfare work of the British Red Cross Society is mainly of an auxiliary nature, and supplements the statutory and professional services. Its principal concern is the care of the sick, the handicapped, and the elderly outside the limits of the National Health Service. Its function of helping to remove worry, boredom and frustration from illness has crystallized into providing various forms of services.

At Branch Headquarters, from the Medical Loan Depot for the hire of sick room requisites, such as bed rests, air beds, crutches, wheel chairs, etc. 250 articles were borrowed by patients in the city.

The British Red Cross Society maintains a list of a wide range of Aids for the Disabled. The objects of these aids is to assist the disabled person to attain the maximum measure of independence in daily living. Owing to three Exhibitions of these aids held in the City last year, the Aids are beginning to become more widely known. There must be a large number of people still, however, who would be helped considerably by the aids, as only 30 of them were supplied on medical recommendation.

The weekly meetings of the two Friendship Clubs for the physically handicapped continue or prove happy occasions. Transport is arranged to bring 26 of the 36 members to the meeting held at Branch Headquarters, and for 14 to the Heaton Club whose membership is 18. Entertainment throughout the year included musical concerts, film shows and talks. Croft House Friendship Club greatly enjoyed their annual summer outing to Newton by the Sea, and The Heaton Club to Coupland Castle, Wooler. A Visit to the Pantomime was warmly appreciated by Croft House Club.

Also at Branch Headquarters a weekly Chiropody Clinic is run at the request of, and by arrangement with, the City Health Authority. This is much appreciated by the elderly, and there is always a waiting list for appointments.

The Red Cross can provide an Escort for most categories of sick and disabled people, whether it be a fully trained nurse for a patient being transferred perhaps from one hospital to another; a V.A.D. member to take care of someone requiring simple nursing care during a long distance journey, or a member to act in the capacity of a friend or companion; it may be to accompany children to clinics where for some reason the mother is unable to go; or helping someone disabled, frail or elderly, who finds it difficult to travel by public transport. A number of these escort duties were undertaken.

The weekly rounds of the Trolley Shop Service in four Newcastle Hospitals, and fortnightly in six residential old people's homes, afford much pleasure. All patients welcome an opportunity to purchase something of their own choosing. The profits from the sale of trolley articles are ploughed back into the hospitals or homes, and at Christmas in two hospitals alone, over 600 Christmas gifts were distributed. Two clocks, chess and domino sets, and a number of paper back books were given to one of the residential homes recently opened in October, 1963.

Trolleys also go round laden with books in six Newcastle Hospitals, and by bringing this Service to the patients, the St. John and Red Cross Hospital Library service provide not only recreation but play an important role in rehabilitation.

Beauty Therapy has become recognised as an integral part of treatment and in two Newcastle Hospitals on average a total of 55 treatments are given by our "Beautician" members weekly. One hears constantly reports of the marked progress made by the patients through this service. It helps to break through sullenness and reserve, gives confidence, and restores self respect and esteem.

Through the International Tracing and Welfare Enquiry Service the Red Cross was successful in tracing several refugees in this area, and report passed on to anxious relatives by the National Red Cross Society abroad. From time to time, following disasters, enquiries were made at our Branch Headquarters as to the well-being of British relatives overseas.

To attempt to help to solve constructively all the various human problems which come within the welfare field implies the need for a basic knowledge of the technique of welfare, and of all the resources and facilities available, both statutory and voluntary. The British Red Cross organise training for its members, of whom an appreciable number undertook several short welfare courses during the year, and the Certificated Welfare Course held in the autumn.

Although this Report essentially deals with some of the work carried out in the City, it would not be fitting to draw to a close without mentioning two extra Holiday Camps at Glanton which were run for mentally sub-normal children (in addition to the usual ten for the physically handicapped children). This special pioneering project, at the request of, and in co-operation with the Northumberland Health Department, was to celebrate Centenary Year of the Red Cross

At one Camp in June 15 boys, and at the other in July, 17 girls, ages ranging from 6 to 14, under constant supervision, enjoyed a week together playing outdoor and indoor games, a sports day, daily walks, sing-songs, twisting and T.V. Most of the children looked much fitter at the end of the week. It proved so successful and so worthwhile, that the Branch is planning similar Camps for June and July, 1964.

# APPENDIX VI

# THE REPORT TO THE COUNCIL BY THE HEALTH AND SOCIAL SERVICES COMMITTEE ON THE SMOKERS' ADVISORY CLINIC. 3rd JUNE, 1964.

In November, 1962 the Health and Social Services Committee agreed to the setting up of a Smokers' Advisory Clinic, subject to the consent of the Ministry of Health to an amendment of the Council's proposals under the National Health Service Act to permit the provision of such a service.

The Ministry's approval was subsequently obtained.

At that time there was no money in the estimates for the provision of such a service, but the first few months of operation of the Clinic, which was held in one of the Committee's existing buildings, were without cost to the Corporation as Dr. E. G. W. Hoffstaed, who was in control of the project, gave his services voluntarily and a pharmaceutical firm supplied suitable drugs without charge.

The Clinic was held on two evenings per week, each session lasting two hours.

After the Clinic had been in operation for three months the Health and Social Services Committee reviewed the progress made and came to the conclusion that the Clinic should continue on a more permanent basis. On the advice of the Finance Committee they accordingly submitted a report to the City Council seeking specific approval to the continuation of the service for the financial year ending 31st March, 1964, and to the provision of the necessary funds, which report was approved by the Council on the 17th April, 1963.

After the Clinic had run for eleven months a net amount of £695, being expenditure of £895 and income of £200 was included in the draft revenue estimates for 1964-65 to maintain the Clinic for a further year. This provision was subsequently deleted by the City Council on the recommendation of the Finance Committee, and the Health and Social Services Committee were again advised to seek the specific approval of the Council to the continuation of the service.

The Health and Social Services Committee further considered the matter and decided that if it were possible to make a charge in respect of the attendance of patients at the Clinic, a report be submitted to the Council seeking approval to the continuation of the Clinic on this basis. The question of making a charge was thereupon submitted to the Ministry of Health, who have agreed that such a charge may be made, and the Committee have decided to charge 5/- for each attendance at the Clinic, subject to such charge being waived in appropriate cases.

The present average cost to the Corporation of one attendance at the Clinic is £1 and the average cost per person treated is £3 10s. 0d., representing an average of three and a half attendances. The proposed charge of 5/- does not include the cost of drugs. The individual has always borne this cost, which works out at between ten and twelve shillings for the complete course of treatment, and will continue to do so.

The following details show the workings of the Clinic during the first eleven months of its operation:—

Sessions and Attendances.

101 sessions were held during this period.

193 individuals attended on 737 occasions. (121 males, 72 females).

3 persons dropped out on admission to hospital, or on leaving the district, but

64 defaulted (i.e. attended less than three times), so that the actual total of persons taking the course was 126.

The attendance failure rate which was highest in the first six months (35.6%) and dropped during the last five months to 25.5%, averaged 33% over the whole period.

Youngsters who do not suffer from the ravages of heavy smoking, do not look forward to the dire consequence of habitual smoking in later years and therefore lack the incentive of ill health to give it up. Consequently they do not attend their own doctor and do not figure in the attendance of the clinic.

Results of the 126 persons who took the course.

62 (49%) stopped smoking.

34 (27%) reduced their smoking considerably to one quarter or less.

The success rate may, therefore, be considered as 76%—the remaining 30 persons (24%) either failed to stop smoking or relapsed within the period of the survey.

# APPENDIX VII

## CENSUS OF POPULATION 1961.

The Census Report for the County of Northumberland has now been published and provides for the first time since 1951 accurate population figures.

The census in this country is on a de-facto basis and relates to persons present on census night, 23rd/24th April, 1961. This means that population figures include a number of visitors to the City and exclude City residents who were absent on census night. Statistics will be published adjusting the figures to allow for this at a later date, as will other figures not shown in the original report.

Table 1 is a summary of the age distribution of the City population for the year 1961 with corresponding figures for 1951 and 1931. (There was no census in 1941). This table also shows the proportion of the population in each age group and gives a comparison of proportions with England and Wales for 1961.

TABLE 1.
CITY AND COUNTY OF NEWCASTLE UPON TYNE.
AGE DISTRIBUTION OF THE POPULATION.
1931, 1951, and 1961

200	Po	OPULATION	1.	DISTRIBUTION PER 1000								
	1931		1951	1961	1931	1951	1961	England and Wales 1961				
	All Ages	283,156	291,724	269,678	1,000	1,000	1,000	1,000				
	0-4	23,407	26,135	22,031	83	89	82	79				
	5—14	51,568	40,052	41,413	182	137	153	149				
	15—24	51,250	38,833	36,515	181	133	135	132				
	25—44	82,309	87,764	68,141	291	301	253	262				
	45—64	58,168	70,215	70,408	205	241	261	258				
	65—74	12,462	20,155	20,924	44	69	78	77				
	75—84	3,637	7,766	8,925	13	27	33	37				
	85 and over	355	804	1,321	1	3	5	6				

The 1931 population of 283,156 rose to a post-war figure of 291,724; in each of the following years there was a slight fall, until in 1961 the population was 269,678—the lowest peace-time figure for the City since 1912. The drop of 22,000 since 1951 represents an annual average fall of 0.8 per-cent. Table 2 gives a more detailed analysis of the City population by age and sex, and also gives comparable figures for 1951.

TABLE 2.

# CITY AND COUNTY OF NEWCASTLE UPON TYNE CENSUS, 1961.

#### (1951 Figures in Brackets)

#### Population:

Total. 269,678 (Drop of 22,046: since 1951).

Male. 129,506 (48%) (138,977) (47.6%)

Female 140,172 (52%) (152,747) (52.4%)

#### AGE DISTRIBUTION.

	Mal	e	Fema	ale	Total Persons.			
All ages	(138,977)	129,506	(152,747)	140,172	(291,724)	269,678		
0— 4 years	(13,353)	11,281	(12,782)	10,750	(26,135)	22,031		
5— 9 years	(10,269)	9,891	(10,072)	9,567	(20,341)	19,458		
10—14 years	(9,895)	11,145	(9,816)	10,810	(19,711)	21,955		
15—19 years	(8,700)	9,122	(9,800)	9,307	(18,500)	18,429		
20—24 years	(9,346)	8,813	(10,987)	9,273	(20,333)	18,086		
25—29 years	(11,442)	8,477	(11,505)	7,815	(22,947)	16,292		
30—34 years	(10,597)	7,978	(10,998)	8,016	(21,595)	15,994		
35—39 years	(10,455)	8,977	(11,147)	8,941	(21,602)	17,918		
40—44 years	(10,564)	8,760	(11,056)	9,177	(21,620)	17,937		
45—49 years	(9,923)	9,015	(10,968)	9,716	(20,891)	18,731		
50—54 years	(8,798)	9,074	(10,081)	9,737	(18,879)	18,811		
55—59 years	(7,430)	8,358	(8,893)	9,481	(16,323)	17,839		
60—64 years	(6,220)	6,691	(7,902)	8,336	(14,122)	15,027		
65—69 years	(4,775)	4,932	(6,452)	7,020	(11,227)	11,952		
70—74 years	(3,763)	3,437	(5,165)	5,535	(8,928)	8,972		
75—79 years	(2,340)	2.044	(3,164)	3,687	(5,504)	5,731		
80—84 years	(838)	1,113	(1,424)	2,081	(2,262)	3,194		
85—89 years	(235)	343	(454)	764	(689)	1,107		
90—94 years	(33)	49	(72)	142	(105)	191		
95+ years	(1)	6	(9)	17	(10)	23		

The diagram on page 229 depicts the changes by age and sex in the City population over the 10 years, 1951 to 1961. The main changes are the fall in the number of females between 15 and 44 years of age and in the number of males between 25 and 44 years; and the increase in the population of both sexes aged 55 years and over.

Table 3 shows in detail the number of persons of pensionable age and the number of them who were living alone. There were almost 40,000 in this age group and about one in five lived alone.

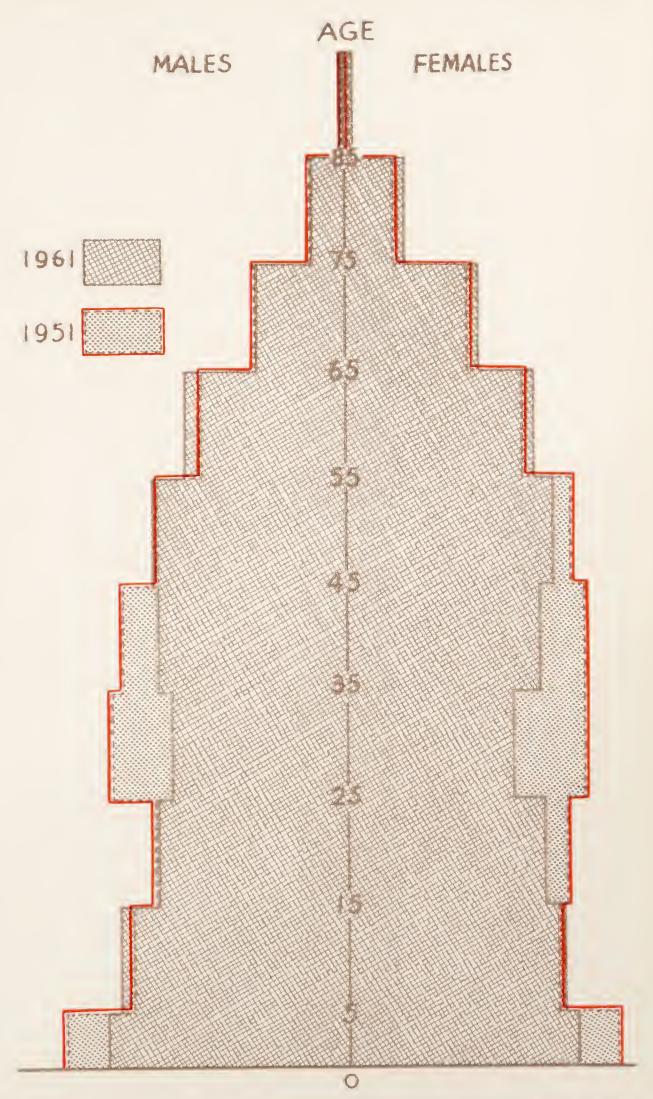
TABLE 3.

CITY AND COUNTY OF NEWCASTLE UPON TYNE. PERSONS OF PENSIONABLE AGE.

SHOWING THE NUMBER AND THE PERCENTAGE OF THEM LIVING ALONE. CENSUS 1961 BY WARDS.

Percentage iving alone		36.1	20.4	26.8	21.3	32.6	28.7	26.5	29.8	21.3	27.8	18.4	26.2	25.5	17.0	24.0	36.0	27,9	27.2	19.3	18.8	24.8
Percel living	Σ	19.4	8.0	10.0	9.7	4	14.2	9.5	14.7	8.1	12.3	6.9	11.9	0	$\infty$	$\circ$	4	10.7	4	9.5	7.8	11.4
2 F		259	271	321	276	569	304	391	393	385	330	337	417	578	274	411	435	351	347	222	278	6849
Num living	$\mathbf{Z}$	<i>L</i> 9	46	51	45	94	69	99	84	<i>L</i> 9	64	55	72	98	64	74	126	55	87	50	52	1364
Total	I,	717	1,326	1,196	1294	824	1060	1473	1317	8104	1185	1834	1590	2266	1610	1713	1209	1258	1276	1150	1480	27562
J.	Z	345	573	507	593	391	485	587	571	828	519	794	209	862	716	732	519	515	590	525	999	11924
& over	T,	24	62	43	37	23	39	45	37	78	42	99	51	115	51	99	76	25	28	19	26	923
	85 & M	6	15	16	10	15	70	59	18	57	6	78	22	32	32	21	12	6	17	15	12	389
-84	[L <sub>i</sub>	5	5	0	4	5	T	$\overline{}$	9	$\overline{}$	233	9	9	$\infty$	$\overline{}$	9	5	9	5	0	$\circ$	5768
75-	75- M	87	3	9	5	$\sim$	V	5	A.	V	137	9	9	5	9	0	4	_	A.	₩		3157
-74	T	333	969	532	555	402	467	671	641	812	542	846	732	926	722	780	569	909	290	532	651	12555
5-	$\mathbf{Z}$	249	424	330	431	254	318	401	411	522	373	569	418	276	520	520	358	394	426	397	478	8369
60—64	I,	208	148	327	457	240	307	443	377	503	368	570	443	594	523	909	355	431	399	401	466	8336
Ward		St. Nicholas	Blakelaw	Kenton	Scotswood	Stephenson	Armstrong	Elswick	Westgate	Arthur's Hill	Benwell	Fenham	Sandyford	Jesmond	Dene	Heaton	Byker	St. Lawrence	St. Anthony	Walker	Walkergate	Total

# POPULATION AGE DIAGRAM NEWCASTLE UPON TYNE CENSUS, 1951 AND 1961.



THE AREA OF THE BLOCK FOR EACH AGE GROUP REPRESENTS THE PROPORTION OF THE TOTAL POPULATION IN THAT GROUP

